## **REPORT OF CASH BAIL OVER \$10,000**

Defendant's Name					Case No.					<u>CR</u>	
To C	lerk or Jail Officer	Acc	epting C	ash Bail: You r	nust com	plete this forn	n if	both of the	e following are	true:	
(1)	· · · · · · · · · · · · · · · · · · ·										
(2)											
involving a controlled substance, racketeering or money laundering (see list on the back).											
This	requirement does	not	apply if	the person post	ting bail is	s a licensed ba	ail b	ondsman.			
	ields on this fo N) is required fo									ecurity Number	
Did r	nore than one per	son	post cas	h bail in this ca	se?	Yes 🗌 N	0				
If ye	s, complete a sepa	arate	CR-231	form for each	person po	osting cash.					
PAR	T I: INFORMATI	ON	ABOUT	PERSON FRO	M WHO	M CASH WAS	S R	ECEIVED			
Last	Last Name			First Name	First Name		М	I.I.	SSN (Requir	ed):	
۸۵۵۰									Date of Birth	C D' II	
Addr	ess (number, stre	et, a	nu apt.)						Date of birth	•	
City	City State 7		ZIP Code	Country (If Not U.S.)			Occupation, profession, or b		or business		
Method used to verify identity (for example: driver's license).  a. Describe identification: Driver's License Other:											
a.											
C.	b. Issued by:  State of Alaska Other:  c. Number:										
PART II: INFORMATION ABOUT DEFENDANT (If not same person in Part I.)											
	Last Name			First Name	· · · · · · · · · · · · · · · · · · ·			I.I.	SSN (Requir	·ed):	
Address (number, street, and apt.)							:				
City	City State		ite	ZIP Code Country		(If Not U.S.)		Occupation, profess		or business	
PAR	T III: INFORMA	ATIC	ON ABO	UT TRANSACT	TON ANI	D METHOD C	)F I	PAYMENT			
Date cash received: Total Am			Amount Receive				ved in more				
		\$				than one pa	ym		Bail Ordere	ed:	
Form	of Payment:					Yes		No	\$		
	.S. Currency	\$		.00	(Amount	in \$100 bills o	or h	niaher: \$		<u>00</u> )	
b. Cashier's check \$ .00					If form of payment was b, c, d, or e, list issuer's name and serial						
c. Money order(s) \$				.00	number of the monetary instrument:						
d. Bank draft(s) \$ e. Traveler's check(s) \$											
е. т	raveler's check(s)	<b>&gt;</b>		.00						<u> </u>	
Print Name of Officer/Clerk Who Completes This Form: Date:											
	Clerical Instruction										
	·										

- a. Original to IRS, Detroit Computing Center, P.O.Box 32621, Detroit, MI 48232
  b. Copy to the U.S. Attorney's Office, 222 W. 7<sup>th</sup> Ave., Room 253, #9, Anchorage, AK 99513
  c. Copy to payor of bail with form CR-232
  d. Copy to court file with copy of CR-232
  e. Copy to Fiscal Operations with copy of CR-232

## **List of Offenses**

This reporting requirement applies to "any State criminal offense substantially similar to one of the following federal offenses:"

- 1. an offense involving a "controlled substance" as defined in 21 USC § 802, if the offense is described in 21 USC Subchapter I, Part D (Offenses and Penalties) or Subchapter II (Import and Export);
- 2. racketeering as defined in 18 USC §§ 1951, 1952, or 1955; or
- 3. money laundering as defined in 18 USC § 1956 or § 1957.

Therefore, the reporting requirement applies to the following state offenses:

AS 11.71.010	Misconduct Involving a Controlled Substance in the First Degree
AS 11.71.020	Misconduct Involving a Controlled Substance in the Second Degree
AS 11.71.030	Misconduct Involving a Controlled Substance in the Third Degree
AS 11.71.040	Misconduct Involving a Controlled Substance in the Fourth Degree
AS 11.71.050	Misconduct Involving a Controlled Substance in the Fifth Degree
AS 11.71.060	Misconduct Involving a Controlled Substance in the Sixth Degree
AS 11.66.210	Promoting Gambling in the First Degree
AS 11.66.220	Promoting Gambling in the Second Degree
AS 11.66.230	Possession of Gambling Records in the First Degree
AS 11.66.240	Possession of Gambling Records in the Second Degree