IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

☐ STATE OF ALASKA )
☐ _____ )
v. )
_____ )
DOB: _____) CASE NO. _____

**DEPARTMENT OF CORRECTIONS PRETRIAL SERVICES**
**NOTICE OF INABILITY TO IMPLEMENT CONDITIONS OF RELEASE**

1. Pretrial Services Officer Name: _____ Office: _____
2. Condition(s) that cannot be implemented:
   _____
   _____
3. Reason(s) implementation is not possible:
   ☐ Program/Service unavailable ☐ EM unavailable/incompatible
   ☐ Provider/Placement refusal ☐ Logistical barrier
   ☐ Other: _____
   Explanation (optional):
   _____
   _____
4. Defendant status:
   ☐ Out of custody
   ☐ In custody solely due to above condition(s)
   ☐ In custody due to above condition(s) and another reason:
   _____
   _____
6. Efforts made by Pretrial Services:
   _____
   _____

I certify under penalty of perjury the information in this document is true to the best of my knowledge and belief.

Date: _____ Signature: _____ Print Name: _____

Phone: _____ Email: _____

Instructions: File this form in TrueFiling and serve a copy on the prosecutor and defense attorney (or defendant, if self-represented). If a self-represented defendant does not have an email address in TrueFiling, you must serve them in person or to their mailing address on record.

**Court Action**

☐ Hearing ordered: Date: _____ Time: _____ Courtroom: _____
☐ Conditions modified by non-opposition of the parties. A separate order will issue.
☐ No action taken, because: _____
_____

_____ _____ _____
Date Judicial Officer/Clerk Print or Type Name