

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT _____
 State of Alaska _____
vs. Defendant: _____ Date of Birth: _____
Case No(s): _____

**APPLICATION FOR BAIL REVIEW HEARING
(Inmate With No Attorney)**

1. This case alleges that there is a crime victim: Yes No
2. I am in custody at (*location*) _____.
I have been in custody in this case since (*date*) _____.
3. I notified the prosecutor of this application on (*date*) _____ at _____ am pm
I notified the prosecutor by: mail fax in person phone email.
4. There is a surety who posted my bond (*name*) _____.
I gave the surety written notice of my application on (*date*) _____.
5. I request the following changes in my bail:
 Bail modification from: _____ to: _____
 Delete third party custodian requirement.
 New proposed third party custodian: Name: _____
Address: _____
Phone: _____ DOB: _____ AK DL/ID#: _____
 Custody arrangement: 24 hour Other: _____
 Monitoring by: _____
 Other: _____

6. This application is for:
 my first bail review hearing. [AS 12.30.006(c)]
 my second (or subsequent) bail review hearing. [AS 12.30.006(d)] My last bail review hearing was on _____.
 - a. I have new information not considered at previous bail review hearings.
 I am unable to pay bail. I have made the following good faith efforts to post bail (*Note: you may receive only one bail review hearing for inability to pay*):

 I have other new information:

 - b. I did not present this new information at previous hearings because:

Date

Signature of Defendant

Printed Name of Defendant

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*****Leave This Portion Blank for the Court to Fill Out*****

NOTICE REGARDING REQUEST FOR BAIL REVIEW HEARING

The defendant applied for review of the imposed conditions of release. This application is the applicant's first second or subsequent.

A hearing on this application:

is ordered.

The hearing will be held as follows:

Date: _____ Time: _____ Courtroom: _____

Location: _____

A Notice of Hearing will be sent to you at a later date.

is denied for the following reasons:

Date

Judicial Officer/Clerk¹

Type or Print Name

I certify that on _____
a copy of this order was sent to:

PD DA
 Deft. _____

Clerk: _____

¹ If request for hearing is denied, must be signed by a Judicial Officer.