

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT \_\_\_\_\_

STATE OF ALASKA )  
 \_\_\_\_\_ )  
Plaintiff, )  
vs. )  
\_\_\_\_\_ )  
Defendant. )  
DOB: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**APPLICATION FOR SECOND OR SUBSEQUENT BAIL REVIEW HEARING**

Hearing date set: \_\_\_\_\_ at \_\_\_\_\_ am/pm  
before Judge \_\_\_\_\_ Ctrm \_\_\_\_\_

I certify that on \_\_\_\_\_ a copy of this notice of  
hearing was sent to: [ ] PD [ ] DA [ ] Defendant  
Clerk: \_\_\_\_\_

This is the defendant's application for a second or subsequent bail review hearing. The last bail review hearing was held on (date) \_\_\_\_\_.

- I request a hearing date for this application on: \_\_\_\_\_.
- This case alleges that there is a crime victim:  Yes  No
- I notified the prosecutor of this application on (date) \_\_\_\_\_ at \_\_\_\_\_ am  pm  
I notified the prosecutor by:  mail  fax  in person  phone  email.
- There is a surety who posted my bond (name) \_\_\_\_\_.  
I gave the surety written notice of my application on (date) \_\_\_\_\_.
- Defendant is in custody at (location) \_\_\_\_\_, and has  
been in custody in this case since (date) \_\_\_\_\_.
- In this case, I am:  representing myself  an attorney representing the defendant.
- New information not considered at previous bail review hearings (NOTE: a person may receive only one bail review hearing for inability to pay):

\_\_\_\_\_

\_\_\_\_\_

This new information was not presented at previous hearings because:

- Relief requested:
  - 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: \_\_\_\_\_
- I spoke to prosecutor (name) \_\_\_\_\_ who waives:  
 new information  giving 48 hours' notice  waiting 7 days between hearings.
- I spoke to the surety (name) \_\_\_\_\_ who agrees to waive the requirement of giving 48 hours notice of my request for a review hearing.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant (Defendant or Attorney)

\_\_\_\_\_

Phone Number of Applicant

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Email of Applicant

\_\_\_\_\_

Attorney Bar Number