

ORDER AND CONDITIONS – RELEASE PER BAIL SCHEDULE

[Use form CR-765 for release per judge order.]

Plaintiff: State of Alaska _____

Defendant: _____

DOB: _____ DL/ID: _____ State: _____ CDL Veteran

APSIN: _____ ATN: _____ Case No: _____

Offenses Charged: _____

Order and Conditions of Release

To Defendant: IT IS ORDERED that you are released per the *Presiding Judges’ Order Establishing a Statewide Bail Schedule* on your own recognizance. \$_____ cash performance bail.

You must follow the conditions below, effective immediately:

1. Obey all court orders and all federal, state, and local laws.
2. Appear in court when ordered.
3. If you are represented by a lawyer, stay in contact with your lawyer. Notify your lawyer within 24 hours if you change your mailing address, telephone number, or email address.
4. If you are not represented by a lawyer, notify the prosecutor and the court within 24 hours if you change your mailing address, telephone number, or email address.
5. Do not contact any alleged victim, directly or indirectly.
6. If this box is checked, do not consume or possess alcohol. Additionally, you may be detained until your breath alcohol is less than .08 grams for each 210 liters of breath, **or** until you consent to be released to another person willing and able to provide care for you.
7. This order does not change or end any other court orders. If you have other open criminal cases, you must continue to follow the most recent court-ordered conditions of release in those cases.

Next Court Appearance

You must appear in court for the hearing below and at all other times ordered by the court:

Date: _____ Time: _____

Location: _____

Defendant’s Agreement and Contact Information

I promise to obey all of the conditions of release above. If I fail to do so, I may have my release revoked, I may be arrested, and I may be charged with additional crimes for violating this order. I promise to keep the court notified of my current address.

Date: _____ Signature of Defendant: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Officer’s Acknowledgement

[If you suspect that the defendant was under the influence of alcohol at time of arrest, check box #6 above.]

Booking Number: _____ Defendant fingerprinted

I certify that I delivered this *Release* to the defendant named above on _____ *[date]*.

Date Time Peace Officer or DOC Officer Signature

Arresting Agency/Correctional Facility Print or Type Name

Distribution by Officer: 1) original to court; 2) copy to defendant; 3) copy for jail

Distribution by Court: Copy to DA on _____ by Clerk: _____