|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BAIL VERIFICATION REPORT REQUEST FORM** | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | |
| Accused name: | | | | |  | | | | | Counsel name: | | | |  |
| Return to court date: | | | | | |  | | | | Court file no.: | | |  | |
|  | | | | | | |  | | | | | |  | |
| **PLAN**  Please complete the following section as it applies to the proposed plan | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | |
| Residence 1: | | | | | | |  | | | | | | | |
| Contact info: | | | | |  | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| Residence 2: | | | | | | |  | | | | | |  | |
| Contact info: | | | | |  | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| John Howard Society Supervised Residential Housing program: Yes  No | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | |
| Employment 1: | | | | | | |  | | | | | |  | |
| Company name: | | | | |  | | | | | Address: | |  | | |
| Contact Person: | | | | |  | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| Employment 2: | | | | | | |  | | | | | |  | |
| Company name: | | | | |  | | | | | Address: | |  | | |
| Contact person: | | | | |  | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| Surety 1: | | | | | | |  | | | | | |  | |
| Name: | |  | | | | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| Surety 2: | | | | | | |  | | | | | |  | |
| Name: | |  | | | | | | | | | | | | |
|  | Phone: | |  | | | | | | Email: | |  | | | |
|  | | | | | | |  | | | | | |  | |
| Cash Bail: | | | | Yes  No | | | | | | Amount: | | |  | |
|  | | | | | | |  | | | | | |  | |
| Other info / Special considerations: | | | | | | | |  | | | | | | |
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