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| --- |
| **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: |  |
|  |       |
|  |  |
|  |  |