

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL <input type="checkbox"/> 650 Wake Ave, El Centro, CA 92243 <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243	
DEFENDANT: _____	
REQUEST FOR INCREASE/DECREASE IN BAIL Penal Code §1269c	CASE NUMBER/BOOKING NUMBER: _____

Date: _____ **Booking Charges:** _____

Bail Pursuant to Bail Schedule: \$ _____ **Bail Requested: \$** _____

[] Pursuant to Penal Code Section 1275.1, arresting officer requests arrestee not to be released on bail until appearing in court to show the non-felonious source of any bail money.

I request an [] increase in bail [] decrease in bail [] O.R. for the following reasons:

Time of this Request: _____ Time of Booking: _____

Name and ID Number of Requesting Person _____ Agency: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature of Person Making Request

Request for Change in Bail: Approved: _____ Denied: _____

Request for PC1275.1: Approved: _____ Denied: _____

Bail Set At: \$ _____ Time: _____

Manner of Request: [] Phone [] In Person Name of Magistrate: _____

Name of Person Receiving Authorization from Magistrate: _____

Signature of [] Magistrate or [] Person Receiving Authorization from Magistrate

I certify that the defendant referenced herein has been booked into the Imperial County Jail on the charges noted above.

Date: _____ Time: _____

(Name of Sheriff's Employee Receiving Request)