

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 Avenue, El Centro, CA 92243 <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243	
DEFENDANT: _____	
BAIL REVIEW REQUEST	CASE NUMBER/BOOKING NUMBER: _____

Name _____ DOB _____

Address _____

Height _____ Weight _____ Hair _____ Eyes _____ Race _____ DL _____

Date Arrested _____ Arresting Agency _____

Violation(s) _____

MARITAL STATUS:

- (a) Married Single Separated Common-Law Divorced
- (b) If Separated, Spouse's Address: _____
- (c) Number of Children: _____ Live With: _____
Name(s) & Age(s): _____

EDUCATION:

- (a) Last School Attended: _____
- (b) Highest Grade Completed: _____
- (c) Diplomas or Degrees: _____

EMPLOYMENT:

- (a) Currently Employed Yes No
- (b) Occupation: _____
- (c) Name of Current or Last Employer: _____
Duration of Prior or Current Employment: _____ to _____
- (d) Income: \$ _____ Approx. Income Last Year: \$ _____

(e) Supervisor: _____

(f) Employment Status: Full-time (Permanent) Part-time
 Full-time (Temporary or Seasonal) Unemployed

(g) Spouse: Employed Unemployed N/A

Length of Employment: _____ to _____

Name of Employer: _____

Spouse's Income: \$ _____ Approx. Income Last Year: \$ _____

FINANCIAL:

(a) Other Family Income: _____

(b) Real Property Owned: _____

Amount Owed: \$ _____ Payments: \$ _____

Approx. Value: \$ _____ Equity: \$ _____

(c) Automobile(s):

Year: _____ Model: _____ Equity: \$ _____

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COURT USE ONLY:

TIES TO THE COMMUNITY/ABILITY TO POST BOND:

MAXIMUM POTENTIAL SENTENCE THAT COULD BE IMPOSED:

