| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | FOR COURT USE ONLY |
|---|---|

TELEPHONE NO.:          FAX NO. *(Optional):*
ATTORNEY FOR *(Name):*

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL**
☐ 220 Main Street, Brawley, CA 92227
☐ 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:

_____

_____

_____