

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: \$ _____

COURT USE ONLY:
TIES TO THE COMMUNITY/ABILITY TO POST BOND:

MAXIMUM POTENTIAL SENTENCE THAT COULD BE IMPOSED:
