

PARTICULARS FOR JUDICIAL INTERIM RELEASE (BAIL) HEARING

Fax to: (902) 424-6328

NAME OF ACCUSED: _____ ADDRESS: _____ TELEPHONE NO.: _____ <i>*If co-accused are to be jointly heard, please complete a separate Particulars for Judicial Interim Release (Bail) Hearing Request Form.</i>	POLICE FILE NO.: _____ DATE OF BIRTH: _____ <input type="checkbox"/> Adult <input type="checkbox"/> Youth * Where accused is a young person: <input type="checkbox"/> Notice to Parent(s) served <input type="checkbox"/> Parent(s) notified verbally <input type="checkbox"/> Parent(s) not notified <input type="checkbox"/> Parent(s) wishes to participate in Bail Hearing If yes, Phone No.: _____
ARREST WARRANT DETAILS: Warrant Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Original Policing Agency: _____ Original Court: _____ Warrant Confirmed as Outstanding By: _____ <input type="checkbox"/> CPIC <input type="checkbox"/> Other: _____	OTHER DETAILS: Time of Arrest: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Duty Crown Counsel contacted by Police: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Duty Crown: _____ Officer Speaking to Crown: _____ Accused spoke to Counsel regarding Bail Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Defence Counsel to participate in Bail Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Defence Counsel: _____ Telephone Number: _____
CROWN'S POSITION ON RELEASE: <input type="checkbox"/> Crown requests remand <input type="checkbox"/> Crown not opposed to release on a Release Order <input type="checkbox"/> without financial obligation <input type="checkbox"/> with financial obligation in the amount of \$ _____ <input type="checkbox"/> with surety(ies) in the amount of \$ _____ Surety(ies): _____ Next suggested Court Appearance date and location: _____	
PERSON SUPPLYING PARTICULARS: <input type="checkbox"/> Informant <input type="checkbox"/> Arresting Officer <input type="checkbox"/> Officer in Charge Name: _____ Signature: _____	

**The particulars sought by this form are intended to facilitate the scheduling and hearing of the Bail Hearing.
A failure to complete and provide this form may result in delays.**