



TORONTO BAIL PROGRAM REQUEST

Please only provide a request if you have already interviewed the person and confirmed that there are **NO SURETIES** available in the next few days.

NAME OF THE ACCUSED: _____

DATE OF BIRTH: _____ **COURT Rm # / Location:** _____

COUNSEL'S NAME/Phone #: _____

CURRENT CHARGES: _____

F.T.A.'s: _____ **In Year:** _____ **F.T.C.'s:** _____ **In Year:** _____

OUTSTANDING CHARGES: _____

BAIL PROGRAM CLIENT?	PRESENT	PAST
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SURETIES CONTACTED AND OUTCOME			
Name	Relationship	Phone #	Outcome

MENTAL HEALTH CONCERNS ?	
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ADDITIONAL INFORMATION:

INTERPRETER REQUIRED ?	
DATE & TIME OF REQUEST	