

TORONTO BAIL PROGRAM



REQUEST FORM

PLEASE ONLY SUBMIT A REQUEST IF YOU HAVE ALREADY INTERVIEWED THE ACCUSED AND CONFIRMED THERE ARE **NO SURETIES** AVAILABLE WITHIN THE NEXT FEW DAYS

DATE AND TIME OF REFERRAL: _____

HAS THE ACCUSED GIVEN CONSENT FOR THIS REFERRAL? YES _____ NO _____

ACCUSED LAST NAME: _____ FIRST NAME: _____

D.O.B: MM ___ DD ___ YY ___ GENDER: M ___ F ___ TRANS ___ NON-BINARY ___ OTHER ___

INTERPRETER REQUIRED? YES _____ NO _____ IF YES, LANGUAGE: _____

REFERRING COUNSEL'S NAME/PHONE/EMAIL: _____

ARRESTING DIVISION: _____ WHERE IS ACCUSED CURRENTLY BEING HELD? _____

CHECK ALL THAT APPLY: IPV _____ INDIGENOUS _____ ENHANCED _____

CURRENT CHARGES: _____

OUTSTANDING CHARGES (PLEASE INCLUDE RELEASE ORDERS): _____

NUMBER OF NON-COMPLIANCE CONVICTIONS AND YEAR (IF APPLICABLE):

FTA: _____ YEAR: _____ FTC: _____ YEAR: _____ ELC/UAL: _____ YEAR: _____

BAIL PROGRAM CLIENT? PAST: YES _____ NO _____ PRESENT: YES _____ NO _____

POTENTIAL SURETIES CONTACTED AND OUTCOME			
NAME	RELATIONSHIP	PHONE NUMBER	OUTCOME

MENTAL HEALTH CONCERNS (IF YES, PLEASE PROVIDE DIAGNOSIS AND/OR SPECIFY THE CONCERNS):

ACCUSED'S ADDRESS OR GENERAL LOCATION WHERE THEY LIVE IF OF NO FIXED ADDRESS: _____

ADDITIONAL INFORMATION: _____