



Toronto Bail Program

Criminal Division

REQUEST

Regular ENHANCED

Please only provide a request if you have already interviewed the accused person and have confirmed that there are **NO POSSIBLE SURETIES** available in the next few days. **Please Print all information on form.**

Name of the Accused: _____
(LASTNAME, Firstname)

Date of Birth: (MM/DD/YYYY) _____/_____/_____ Court: (Please Circle) B1 B2

Counsel's Name: _____ Bail Program Client? (Please Circle) Present Past

Current Charges: _____

Outstanding Charges: _____

Number of FTA/FTC/Breach/UAL in past 36 months: _____

Possible Sureties Contacted and Outcome				
NAME	RELATIONSHIP	PHONE #	Surety? Y/N	Reside? Y/N

Mental Health: (Please Circle) YES NO

Addictions: (Please Circle) YES NO

Interpreter Required: (Please Circle) YES NO

Date & Time of Request: _____