

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

STATE OF ALASKA)
 MUNICIPALITY OF ANCHORAGE)
Plaintiff,)
vs.)
Defendant.)
DOB:)

CASE NO. _____

**APPLICATION FOR FIRST
BAIL REVIEW HEARING**

Hearing date set: _____ at _____ am/pm

By _____
(Clerk/Judicial Officer)

Hearing date requested: _____

This is the defendant's first application for a bail review hearing. [AS 12.30.006(c)]

1. This case alleges that there is a crime victim: Yes No
2. I certify that I notified the prosecutor of this application by mail fax in person
 phone on (date) _____ at _____ a.m./p.m.
3. Defendant is not in custody is in custody
4. In this case, I am: representing myself an attorney representing the defendant.
5. Relief requested:
 - Bail modification from \$ _____ to \$ _____
 - Delete third party custodian requirement.
 - Proposed third party custodian: Name: _____
Address: _____
Phone no. _____ DOB: _____ AK DL#: _____
 - Custody arrangement: 24 hour Other (describe) _____

 - Monitoring by: _____
 - Other: _____

Date

Signature of Applicant (Defendant or Attorney)

Phone Number of Applicant

Printed Name of Applicant

Fax Number of Applicant

Attorney Bar Number