

VICTIM'S REQUEST FOR BOND MODIFICATION

DEFENDANT NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

VICTIM NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

DATE OF INCIDENT: _____

What bond modification are you requesting?

To allow the above defendant to have direct / indirect contact with:

To allow the above defendant to enter the home address of:

To allow the above defendant to **ONLY have electronic communication, via phone or computer** with:

Request the bond to be modified to:

1. What is your relationship with the defendant? _____ How long? _____

2. Do you have children with the defendant, please provide names and ages?

3. Have you ever experienced any verbal abuse by the defendant? Yes No
Please describe: _____

4. Have you ever experienced any physical abuse by the defendant? Yes No
Please describe: _____

5. Was the defendant under any substance (drugs) or alcohol at the time of the incident? Yes No
Please describe: _____

6. Was there a weapon used at the time of the incident? Yes No
Describe weapon: _____

7. Are there any guns within the home? Yes No
How many? _____ What type: _____

8. Did you receive injuries from this incident? Yes No
Describe injuries: _____

9. Did you seek medical treatment, for the injuries? Yes No

10. Describe incident:

Date: _____ Signature of Victim: _____

PLEASE PROVIDE YOUR IDENTIFICATION TO THE STAFF!!! verified

Received by: _____ Date: _____ Completed Here / Dropped off / Emailed