

BOND QUESTIONNAIRE

NAME: STATE OF INDIANA VS _____

CAUSE NUMBERS (IF AVAILABLE) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY AND TO THE BEST OF YOUR ABILITY

WHEN COMPLETED, RETURN IMMEDIATELY TO THE JAILER

DATE OF BIRTH _____

MY CURRENT ADDRESS _____

(CIRCLE YES/NO or UNKNOWN)

DO YOU WANT TO REQUEST TO BE RELEASED FROM JAIL? Y or N UNKNOWN

(EITHER ON HOME DETENTION, PROBATION SUPERVISION OR WITH STIPULATION SUCH AS BEGINNING DRUG TREATMENT IF ORDERED.)

CAN YOU POST A BOND? (CASH OR TO A BONDSMAN) Y or N UNKNOWN

HOW MUCH? (CASH /OR TO BONDSMAN) _____

CHARGE(S) PENDING (WHY ARE YOU ARE IN JAIL?)

*DO YOU HAVE ANY PRIOR ARRESTS AND/OR CONVICTIONS? Y or N UNKNOWN

(ADULT AND JUVENILE) WE WILL VERIFY PRIOR RECORD

*HOW OLD WERE YOU WHEN YOU WERE ARRESTED FOR THE FIRST TIME? (AS ADULT ONLY) _____

*WHAT FOR _____

* HAVE YOU EVER BEEN INCARCERATED IN ANY JAIL AS A RESULT OF A CONVICTION? Y N

* HOW MANY TIMES? _____

* HAVE YOU EVER BEEN IN PRISON (DEPT OF CORRECTION)? Y N

* HOW MANY TIMES? _____ FOR THE LAST TIME IN (WHAT YEAR(S)) _____

ANY PRIOR VIOLENT OFFENSES/ARRESTS? Y or N UNKNOWN
(BATTERY, DOMESTIC VIOLENCE)

IS YOUR LICENSE SUSPENDED? Y or N UNKNOWN

FOR WHAT? _____

DO YOU HAVE A JOB? Y or N UNKNOWN

*WERE YOU EMPLOYED AT THE TIME OF YOUR PRESENT ARREST Y or N

WHERE? _____

HOW LONG ON JOB? _____ (days, months, weeks, etc.)

*HOW MANY HOURS PER WEEK YOU WORK? _____

*IS THE WORK: TEMPORARY SEASONAL PERMANENT

IF YOU DON'T HAVE A JOB, **WHERE AND WHEN** WERE YOU LAST EMPLOYED? _____

ARE YOU OWED ANY MONEY FROM THIS JOB? Y or N HOW MUCH? _____

DO YOU COLLECT UNEMPLOYMENT? Y or N UNKNOWN

*ARE YOU: DISABLED RETIRED or NEITHER

*ARE YOU IN SCHOOL? Y or N FULL TIME or PART TIME

*DO YOU OWN OR RENT A RESIDENCE? OWN RENT NEITHER HOMELESS

WHERE (address)? _____

DO YOU LIVE WITH SOMEONE? WHO- LIST THEM? _____

HOW LONG HAVE YOU LIVED AT THIS RESIDENCE? _____

*IS THIS YOUR PRIMARY RESIDENCE (do you move around)? Y or N if no, EXPLAIN

IF A RENTAL, WHO IS OWNER/LANDLORD? _____

IS THERE A LANDLINE TELEPHONE AT THIS RESIDENCE Y or N UNKNOWN

* HAVE YOU MOVED WITHIN THE LAST 6 MONTHS? Y or N * IF YES, REASON?

ARE YOU A VETERAN? Y N BRANCH _____

BRANCH? _____ DISCHARGE STATUS? _____

YEARS OF SERVICE _____ AWOL? _____

DO YOU OWN ANYTHING OF VALUE (OVER \$100) Y or N UNKNOWN?

DESCRIBE AND LIST VALUE (CAR, PROPERTY, BANK ACCT, ETC)

DOES ANYONE OWE YOU ANY MONEY? Y or N UNKNOWN

WHO AND WHAT SUM? _____

DO YOU HAVE AN ATTORNEY? Y or N UNKNOWN

COURT APPOINTED? Y or N UNKNOWN

*AS AN ADULT, HAVE YOU EVER **FAILED TO APPEAR** FOR A COURT HEARING?

Y or N UNKNOWN

WHERE/CIRCUMSTANCE _____

*WAS A WARRANT ISSUED? Y or N UNKNOWN

DO YOU HAVE ANY OUTSTANDING WARRANTS RIGHT NOW? Y or N UNKNOWN

*DO YOU HAVE A DRUG PROBLEM? Y or N UNKNOWN

*IF YES, EXPLAIN (DRUG(S) OF CHOICE, FREQUENCY, LAST USE)

*INCLUDING THIS OFFENSE, HAVE YOU EVER BEEN ARRESTED FOR DRUG USE?

Y or N UNKNOWN

DO YOU HAVE AN ALCOHOL PROBLEM? Y or N UNKNOWN

DO YOU WANT TO GET DRUG/ALCOHOL TREATMENT IMMEDIATELY?

Y or N UNKNOWN

HAVE YOU EVER BEEN IN TREATMENT? Y or N UNKNOWN

IF YES, WHERE? _____

* DID YOU COMPLETED IT? Y or N UNK

*WAS IT COURT ORDERED? Y or N UNK

*WHEN WAS THE LAST TIME YOU USED DRUGS? _____

*HOW HAS YOUR DRUG USE AFFECTED OTHER PARTS OF YOUR LIFE? _____

*FOR EXAMPLE, HAS A DOCTOR EVER TOLD YOU TO QUIT USING DRUGS? _____

*HAVE YOU EVER HAD PROBLEMS AT WORK BECAUSE OF DRUG USE? _____

*HOW DOES YOUR FAMILY FEEL ABOUT YOUR DRUG USE? _____

IF I ASKED YOU TO RATE THE SEVERITY OF YOUR DRUG USE PROBLEM ON A SCALE FROM 1 TO 5, WITH 1 BEING FEW OR NO PROBLEMS AND 5 BEING MANY PROBLEMS, WHAT SCORE WOULD YOU GIVE YOURSELF?

1 2 3 4 5

HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR A MENTAL HEALTH DISORDER? Y or N UNKNOWN

FOR WHAT/WHEN and WHERE? _____

HAVE YOU EVER ATTEMPTED OR THREATENED SUICIDE? Y or N UNKNOWN

DO YOU BELIEVE YOUR MENTAL HEALTH IS THE CAUSE OR CONTRIBUTING FACTOR TO YOUR ENGAGING IN CRIMINAL ACTIVITY?

Y or N UNKNOWN

ARE YOU PRESENTLY ON OR IN THE PAST BEEN PRESCRIBED MEDICATION FOR A MENTAL HEALTH ISSUE?

Y or N UNKNOWN WHAT DRUG? _____

CAN YOU OR DO YOU HAVE SOMEONE WHO WILL PAY FOR FEES FOR HD/PRE TRIAL SUPERVISION (IF ORDERED)?

Y or N UNKNOWN

IF YES, WHO? (NAME AND CONTACT INFO) _____

"I SWEAR UNDER THE PENALTY OF PURJURY THE FOREGOING REPRESENTATIONS ARE TRUE"

SIGNATURE OF INMATE

DATE

YOUR SIGNATURE IS NOT AN ADMISSION OF GUILT

PRETRIAL PROGRAM
COURT RECOMMENDATION

DEFENDANT _____

_____ **REMAIN IN CUSTODY**

- _____ PRESENT BOND IS APPROPRIATE
- _____ THE DEFENDANT HAS A HISTORY OF OFFENSES (VIOLENT OFFENSES, ETC)
- _____ THE DEFENDANT PRESENTS A RISK TO OTHERS/CITIZENS OF COUNTY
- _____ THE DEFENDANT PRESENTS A RISK OF FLIGHT
- _____ THE DEFENDANT HAS A KNOWN HISTORY OF FAILING TO APPEAR
- _____ BOND IS CURRENTLY SET FOR OWED FEES
- _____ HAS HOLD FROM ANOTHER JURISDICTION

_____ **RELEASE ON REDUCED BOND**

_____ **RELEASE TO COMMUNITY CORRECTIONS FOR PRETRIAL PROGRAM**
(HOME DETENTION/ELECTRONIC MONITORING MUST BE APPROVED BY CC FIRST)

- _____ HOME DETENTION/ELECTRONIC MONITORING
(w/ review after two weeks) AND PAY FEES
- _____ REPORT TO COMMUNITY CORRECTION (IN PERSON MONITORING)
(X _____ PER WEEK) AND PAY FEES (as designated)
- _____ REPORT TO PORTER STARKE FOR SUBSTANCE ABUSE EVALUATION AND
FOLLOW RECOMMENDATION AND PAY ASSOCIATED FEES
- _____ ADDITIONAL TERMS _____

_____ **RELEASE ON OWN RECOGNIZANCE**

- _____ REPORT TO PORTER STARKE FOR SUBSTANCE ABUSE EVALUATION AND
FOLLOW RECOMMENDATION AND PAY ASSOCIATED FEES

_____ **IN-CUSTODY SUBSTANCE ABUSE/MENTAL HEALTH EVALUATION TO BE COMPLETED**
(WITH BOND DECISION TO FOLLOW REPORT TO COURT)

RESPECTFULLY SUBMITTED,

NOTES: _____
