

MONROE COUNTY, PENNSYLVANIA BAIL CRITERIA *and* CRIME VICTIM INFORMATION SHEET

Instructions: This form is to be completed by the affiant on all defendants prior to the preliminary arraignment and is to be attached to the Criminal Complaint submitted to the correctional facility or the Magisterial District Judge.

Defendant's Name: _____

Is the defendant a military veteran? Yes or No

Is the Defendant charged with **DOMESTIC VIOLENCE** crimes? Yes or No If yes, Is there good reason to believe Defendant will harm the alleged victim if admitted to unsecured bail: Yes or No. If yes, explain:

Is the Defendant presently employed? Yes or No

How long has the Defendant resided in Pennsylvania? _____ years.

Does the Defendant have a drug or alcohol problem? Yes or No If yes, explain:

Is the Defendant presently free on bail for unrelated crimes? Yes or No

Does the Defendant have a record of "failure to appear" or "flight from prosecution"? Yes or No If yes, explain:

Does the Defendant's criminal history indicate past **CONVICTIONS**? Yes or No Unknown
If yes, list the most serious offense and date of conviction.

Unreported dispositions cannot be considered unless Defendant admitted to a guilty plea or conviction.

Additional Information Attached.

Has the Defendant previously served jail time? Yes or No

Did the Defendant misrepresent his true identity? Yes or No

Indicate any other factors relevant to whether the Defendant will appear as required and comply with the conditions of release:

PENNSYLVANIA CONSOLIDATED STATUTES § 71 CRIME VICTIMS ACT

The arresting officer shall provide the name and contact information of the victim to the magisterial district court or the Philadelphia Municipal Court conducting the preliminary arraignment so that the victim may receive notice of any proceedings to modify bail conditions and exercise the opportunity to appear.

Name of Victim(s)	Home Phone	Cell Phone	
Mailing Address (<i>street number & street name</i>)	City	State	Zip
Email Address			

Additional victims listed on reverse

Officer's Name: _____

Date: _____