

Master#

MNI#

Booking#



Name

Date

Last	First	Middle	Cause No.		
Address		City/State/Zip	Charge		
How Long		County	Bond		
Phone	Type	Phone 2	Type	DOB	POB CZ
Email			Race	Sex	Age
Mailing Address		City/State/Zip	Hair Eyes		
Nearest Relative		Relationship	Phone	Height	Weight
Address		City/State/Zip	DL No. St.		
Employer		Position	How Long	Record No.	
Address		City/State/Zip	Bkg Date		
Phone		Cellular		Other Charges	
Interviewed by		Recommendation		Presented to Mag/Jdg	
Attorney of Record		Phone			

TRAVIS COUNTY PRETRIAL SERVICES

P.O. BOX 1748
AUSTIN, TX 78767
(512)854-9381

THE STATE OF TEXAS
COUNTY OF TRAVIS

PERSONAL BOND

KNOWN ALL MEN BY THESE PRESENTS

CAUSE NO. _____

THAT I, _____ charged with the offense of a (Misdemeanor) (Felony), to wit,

am held and firmly bound unto the State of Texas in the penal sum stated below for the payment of which sum well and truly to be made, and in addition all necessary and reasonable fees and expenses that may be incurred by peace officers in rearresting me in the event the conditions of this bond are violated, I do bind myself, executors and administrators, jointly and severally by these presents.

The condition of the above obligation is that I swear that I will appear before the _____ at the

Blackwell - Thurman Criminal Justice Center, 509 W. 11th Street, Austin, Travis County, Texas, on the _____ day of _____,

20____, at _____ M, or upon notice by the Court, pay to the Court the principal sum of \$_____ plus all necessary and reasonable expenses incurred in any arrest for failure to appear.

I further swear that I will appear before any court or magistrate court before whom this cause may hereinafter be pending at any time and place as may be required.

Now if I shall well and truly make said appearance before the said Court, and there remain from day to day and term to term of said Court, until discharged by due course of law, then and there to answer said accusation against me, and further shall well and truly make my personal appearance in any and all subsequent proceedings that may be had relative to said charge in the course of the criminal action based on said charges, this obligation shall become void; Otherwise to remain in full force and effect.

I further understand that all or part of the information collected in the Pretrial Services Report is available to persons associated with law enforcement, criminal justice, and other agencies including, but not limited to, the Judge or Magistrate hearing the case, the District Attorney's Office, and the defense attorney of record in this case.

Personal Bond Reimbursement Fee \$20 if Bond Amount is < \$1334.00

Personal Bond Reimbursement Fee \$40 if Bond Amount is ≥ \$1334.00

Personal Bond with Ignition Interlock Reimbursement Fee Equals (3% of bond amount) \$_____

☐ See attached Conditions Order form

Signature of Defendant

SWORN TO AND SUBSCRIBED BEFORE ME,

this _____ day of _____, 20____

PERSON AUTHORIZED TO ADMINISTER OATHS UNDER TEXAS GOV'T CODE §602.002

THIS PERSONAL BOND IS APPROVED, effective only after arresting agency has completed its booking process, and the defendant at such time is ordered released on the conditions of this bond.

I certify that I am the attorney of record representing this defendant in this matter:

APPROVED this _____ day of _____, 20____

Signature / Print

SBN

Magistrate/Judge

State of Texas

vs.

Cause # _____

(One form per cause#/charge)

Name: _____

PT # _____

ORDER SETTING CONDITIONS OF PERSONAL BOND OR CASH DEPOSIT BOND RELEASE

As a condition of his/her release on Personal Bond or Cash Deposit Bond in the above styled cause, this Court finds that the interest of justice and the safety of the community require that the defendant shall be subject to and shall comply with the following conditions as ordered by the Court:

Substance Abuse Counseling Conditions

TCCES Misdemeanor Drug Evaluation	– Submit to an assessment by TCCES & follow treatment recommendations
TCCES Felony Drug Evaluation	– Submit to an assessment by TCCES & follow treatment recommendations
TCCES Alcohol Evaluation	– Submit to an assessment by TCCES & follow treatment recommendations
Drug Court Screening	– Review information related to participation in a Drug Diversion Court

Violence Counseling Conditions

TCCES Family Violence Evaluation	(for Intimate Partner Violence Cases) – Submit to an assessment by TCCES & follow counseling recommendations
TCCES Violence Evaluation	(for Non-Intimate Partner Violence Cases) – Submit to an assessment by TCCES & follow counseling recommendations
Anger Management	(for Non-Intimate Partner Violence Cases) – Enroll in & complete an 8hr Anger Management program as directed by Pretrial Services

Safety-Related Conditions

No Contact with Complaining Witness	– Do not make contact with complaining witness by phone, written, digital communication or in person
200 Yard Stay Away from Complaining Witness	– Do not go within 200 yards of the complaining witness
No Contact with Co-Defendants	– Do not contact co-defendant(s) by phone, written communication or in person
Stay Away from	_____ (insert specific address)

Supervision/Case Management Conditions

Supervision	– Report to Pretrial Services as directed & follow rules of program
Mental Health Supervision	– Report to Pretrial Services as directed & follow rules of program

Surveillance Conditions

EM – House Arrest (Electronic Monitoring)	– Install electronic monitoring device, report to Pretrial Services as directed & follow rules of program
EM – House Arrest – In Jail Install	– Install electronic monitoring device, report to Pretrial Services as directed and follow rules of program
GPS (Global Position System)	– Pay for services to install and maintain operations of GPS monitoring device, report to Pretrial Services as directed and follow rules of program
GPS - In Jail Install	– Pay for services to install and maintain operations of GPS monitoring device, report to Pretrial Services as directed and follow rules of program
SCRAM (Secure Continuous Remote Alcohol Monitoring)	– Pay for services to install and maintain operation of transdermal alcohol monitoring device and follow rules of the program
SCRAM - In Jail Install	– Pay for services to install and maintain operation of transdermal alcohol monitoring device and follow rules of the program
IID (Ignition Interlock Device)	– Pay for services to install within 21 days and maintain operation of Ignition Interlock device, report to Pretrial Services as directed and follow rules of the program
PAM (Portable Alcohol Monitoring) Device	– Pay for services to obtain Portable Alcohol Monitoring device, provide breath samples as directed, report to Pretrial Services as directed and follow rules of the program

Other Conditions

Random Urinalysis with Supervision	– Submit to urinalysis (UA) as directed by Pretrial Services
No Driving without Valid Driver's License	– Do not operate a motor vehicle without a valid driver's license
Curfew	– You must be home by _____, and you may not leave home before _____.
Phoenix Court Referral	– Review information related to participation in a Phoenix Court.

Other Conditions (Write-in legibly — PLEASE PRINT)

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Ordered, this _____ day of _____, 20__.

Defendant's Signature _____

Date _____

Magistrate/Judge _____

SI:

RETURN TO
PRETRIAL SERVICES
Investigation Form
FOR OFFICIAL USE ONLY

Master:

Date: _____

Name: _____ AKAs: _____

SSN: _____

Lives With: _____ Relationship: _____ # Dependents: _____

Current Employment Hrs/Wk: _____

PA: _____

PE: _____

Self-Reported Arrest Record: _____

Current Prob/Parole: _____ Officer: _____ Unit/Phone: _____ TDCJ: _____

Sent exp: _____

You are charged with an offense with victim involvement. Who is that person?

Complaining Witness: _____ Relationship: _____ Phone: _____

Alternate Address: _____ Name: _____ Relationship: _____ Phone: _____

FOR OFFICE USE ONLY

Illegal drug use (including marijuana) during past six months?	Select	Severe Drug Use?	Select
Have you ever had a problem with alcohol?	Select	Do you think you need counseling?	Select

References:

#1 Name _____	Relationship _____
Address _____	City/State _____
Home# _____ Work # _____	Pgr/Cell # _____

#2 Name _____	Relationship _____
Address _____	City/State _____
Home# _____ Work # _____	Pgr/Cell # _____

#3 Name _____	Relationship _____
Address _____	City/State _____
Home# _____ Work # _____	Pgr/Cell # _____

#4 Name _____	Relationship _____
Address _____	City/State _____
Home# _____ Work # _____	Pgr/Cell # _____

FOR OFFICE USE ONLY

EHistorical: Select

TCIC Select

FACTS CO: Select

FACTS DIST: Select

of FTAs last 24 Mos 3+

of Prior Jail Incarcerations 3+

Notes: _____

ODARA: Select

Level: Select

ORAS-PAT: 3+

POLICY: _____ SAFETY: _____

RISK: _____ ADMIN: _____

RECOMMENDATION: _____ CONDITIONS: _____

[illegible]