

<p><b>SUPERIOR COURT OF CALIFORNIA</b>  <b>COUNTY OF TUOLUMNE</b>                  12855 Justice Center Drive, Sonora, CA 95370                  Phone: (209) 533-5563</p>	Space below for use of Court Clerk only
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The People of the State of California,  <div style="text-align: right;">Plaintiff,</div> vs.  <div style="text-align: right;">Defendant.</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Booking Number:</td> </tr> <tr> <td style="padding: 2px;">Case Number:</td> </tr> </table>	Booking Number:	Case Number:
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**PRETRIAL REVIEW OF RISK ASSESSMENT REPORT AND PRETRIAL RELEASE ORDER**  
 **AGREEMENT TO APPEAR ON RELEASE OF DEFENDANT ON OWN RECOGNIZANCE (P.C. § 1318)**

After consideration of the Probation Risk Assessment Report, the Court denies the release of the above-named defendant on pretrial own recognizance.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bench Officer

After consideration of the Probation Risk Assessment Report, the Court orders the release of the above-named defendant on pretrial own recognizance subject to the conditions stated below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bench Officer

In consideration of being released on my own recognizance, I, the undersigned, promise and agree that I will:

1. Obey all federal, state and local rules, and existing court orders, including any Criminal Protective Order(s).
2. Report to the Probation Department immediately upon release (open Monday through Friday, between the hours of 8:00 AM to 5:00 PM, or by 10:00 AM the next working day if released after hours), and comply with the requirements of pretrial monitoring and directions of Probation Staff.
3. Appear in person at all times and places ordered by the Court releasing me and at such other times as the Court thereafter shall direct.
4. Not depart the State of California without the prior leave of the Court.
5. Hereby waive all rights of extradition and proceedings for same if I fail to appear as required and am apprehended outside the State of California.
6. Next court date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept. \_\_\_\_\_
7. Not use or possess any:
  - a. Controlled substances without a prescription from a medical doctor
  - b. Alcoholic beverages
  - c. Firearms or any weapon described in Penal Code section 12020(a)
8. Subject my person, residence, vehicle, place of employment, and any other containers or areas subject to my immediate control, to search by any Peace Officer for the following:
  - a. Controlled substances and paraphernalia
  - b. Stolen property
  - c. Firearms or illegal weapons
  - d. Other: \_\_\_\_\_

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Case Name: _____	Booking Number: _____
People vs. _____, Defendant.	Case Number: _____

- 9. Not drive unless licensed, insured and with NO measurable amount of alcohol/drugs in my system.
- 10. Subject to testing at any time by any Peace Officer for the presence of:
  - a. Controlled substances       b. Alcohol
- 11. Attend AA/NA meetings, or some other form of alcohol or drug abuse counseling, at least \_\_\_\_\_ times per week, and show proof to the Court at each scheduled court hearing.
- 12. Report to the Probation Department no later than \_\_\_\_\_ am/pm on \_\_\_\_\_ to be placed on EMP for:
  - a. Home detention       b. GPS only       c. SCRAM
- 13. Other orders: \_\_\_\_\_

I am aware that the Court may at any time in its discretion revoke the order for release; that a failure to appear at the time or times as directed by the Court is punishable as a separate offense, that is, if I am charged with a felony, willful failure to appear is punishable as a felony, including a fine, and/or incarceration in county jail or state prison; or, if I am charged with a misdemeanor, the willful failure to appear is punishable as a misdemeanor, including a fine and/or incarceration in county jail.

Dated: \_\_\_\_\_ Defendant: \_\_\_\_\_

Physical Description:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Work phone number: (\_\_\_\_) \_\_\_\_\_

Cell phone Number: (\_\_\_\_) \_\_\_\_\_

Name and address of spouse: \_\_\_\_\_

Name and address of parents: \_\_\_\_\_

Executed in the presence of: \_\_\_\_\_ Title: \_\_\_\_\_

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