

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT ANCHORAGE

STATE OF ALASKA )  
 MUNICIPALITY OF ANCHORAGE )  
Plaintiff, )  
vs. )  
Defendant. )  
DOB: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**PROSECUTOR'S APPLICATION  
FOR BAIL REVIEW HEARING**

Hearing date set: \_\_\_\_\_ at \_\_\_\_\_ am/pm

By \_\_\_\_\_  
(Clerk/Judicial Officer)

Hearing date requested: \_\_\_\_\_

1. This case alleges that there is a crime victim:  Yes  No

2. Is defendant in custody?  Yes  No

3. Relief requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I certify that I notified  defendant  attorney  attorney's office of this application  
by  mail  fax  in person  phone on (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone Number of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Fax Number of Applicant

\_\_\_\_\_  
Attorney Bar Number