

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

STATE OF ALASKA vs. _____ CASE NO. 3HO-_____

DEFENDANT: _____ DOB: _____

MAILING ADDRESS & PHONE NUMBER: _____

ORIGINAL CHARGES: _____

AMENDED CHARGES: _____

COURT ORDERS: _____

MEDIA # _____ LOG # _____ DATE _____	_____ Type of Hearing _____ Judicial Officer _____ Clerk	_____ PRESENT FOR STATE _____ PRESENT FOR DEFENDANT	DEFENDANT: <input type="checkbox"/> Present <input type="checkbox"/> Not Present <input type="checkbox"/> In-Custody <input type="checkbox"/> Not In Custody Current bail: _____
Case initially assigned to Judge _____ <input type="checkbox"/> Case Reassigned to Judge _____ Pre-empted _____ RIGHTS BY: <input type="checkbox"/> Video <input type="checkbox"/> Court		<input type="checkbox"/> FINGERPRINTS ORDERED. Report to Homer Police Department no later than 7 days prior to your next court date.	CRIMINAL RULE 39: <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 <input type="checkbox"/> Other _____
PLEA: <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <input type="checkbox"/> No Contest Cts _____ Cts _____ Cts _____ <input type="checkbox"/> Dismissal Per Rule _____ Cts _____ PETITION TO REVOKE PROBATION: <input type="checkbox"/> Admit <input type="checkbox"/> Deny CRIMINAL RULES 5 & 45: <input type="checkbox"/> Runs <input type="checkbox"/> Tolloed <input type="checkbox"/> Rule 45 Expires _____ From _____ to _____		BAIL: <input type="checkbox"/> EXON <input type="checkbox"/> FORFEIT <input type="checkbox"/> REINSTATE BAIL : SET/CONTINUED/MODIFIED: <input type="checkbox"/> OWN RECOGNIZANCE <input type="checkbox"/> CASH APPEAR \$ _____ <input type="checkbox"/> CASH PERF \$ _____ <input type="checkbox"/> CASH/CORPORATE \$ _____ <input type="checkbox"/> UNSECURED BOND \$ _____ <input type="checkbox"/> TPC: _____ <input type="checkbox"/> Concurrent w/ _____	
_____ _____ _____ _____ _____ _____		<input type="checkbox"/> ASAP/BIP/Anger Management ORDERED. As a condition of probation, report within 10 days (of release if in custody) to: <input type="checkbox"/> Kenai ASAP 283-6586 <input type="checkbox"/> Anchorage ASAP 907-264-0735 <input type="checkbox"/> ASAP other: _____ <input type="checkbox"/> Haven House 235-7712 <input type="checkbox"/> The Center (SPBHS) 235-7701 <input type="checkbox"/> Other: _____	

INSTRUCTIONS TO DEFENDANT

Appointment of Counsel. The Court has GRANTED DENIED your request to have an attorney appointed to represent you. **You must contact your attorney within 3 working days from today.** You must maintain contact with your attorney. If convicted, you will be ordered to pay part of the cost of counsel under Criminal Rule 39. The attorney appointed to represent you is:
 Public Defender Agency 130 Trading Bay Drive, Kenai Phone: 283-3129 / 1-800-478-3129

Other Conditions of Your Release. You must appear at all hearings. You must obey all court orders, and all federal, state, and local laws. You must notify your attorney within 24 hours after changing residences. If you fail to comply with conditions of your release, you may be arrested without a warrant and subject to additional penalties.

THESE ARE YOUR NEXT COURT DATES:

Type of Hearing	Date & Time	Type of Hearing	Date & Time
Other:		Bail Review / Forfeiture	
Adjudication/Disposition		Change of Plea / Sentencing	
Representation		Omnibus	
Remand		Trial Call	
Preliminary <input type="checkbox"/> In-Custody: <input type="checkbox"/> Out of Custody:		Trial: Judge: _____ Location: _____	Week of: