

Jail Support form

The information on this form is intended for use between the subject and the subject's attorney for aiding in the defense of criminal investigations. All the information on this form is private, privileged and confidential between the subject, the subject's attorney and other parties the subject chooses to include.

We strongly recommend completing this form and leaving it with your trusted lawyer, comrade, friend, or family member.

About You

Street Name: _____

Legal Name: _____

DOB: _____

Address: _____

About Getting Out

Would you like to be bailed out? _____

If funds are not readily available, who can we contact for additional funds? Any special instructions for what to tell or not tell this person? _____

If funds are unavailable, would you like to be bonded out by a bond company (money is not returned and the bond company ensures you appear in court)? _____

Are there any substances to which you have an addiction that should be made available to you when you get out?

About Staying In

What medications are you on that you need access to while in jail? (attach copies of Rx to this form if available, include doctor's name and phone#): _____

What happens if you don't receive these medications? How can we best support you when you are released if you have missed a dose of this medication? _____

About Where to Stay

Would you like to be housed with the men, the women or in solitary in jail? _____

Gender marker on ID says: _____

Is there a reason (legal status, appearance, etc) that you would not be housed there? _____

What would you like folks outside to do or know if you are not being housed where you need to be housed? _____

Is your citizenship status potentially a danger? _____

If yes, what can we do to help protect you? _____

Other Considerations

Is there any reason not listed above that may cause you to not be treated like other arrestees? _____

What other considerations do you have if you can't get home when you expected to (feed the pets, save the bike, call the boss, etc)? _____

Emergency Contacts

Name/Relationship to you: _____ Phone: _____

Under what circumstances should they be contacted? _____

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Under what circumstances should they be contacted? _____

People who can verify your community ties (may help you to be released)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there anything else you want shared in event of arrest?

