

STATE OF MICHIGAN  
District Court  
ORI: \_\_\_\_\_

**DOMESTIC VIOLENCE  
ORDER OF CONDITIONAL RELEASE**

CASE NO. \_\_\_\_\_  
Agency Name & No. \_\_\_\_\_

- ☐ PEOPLE OF THE STATE OF MICHIGAN  
☐ PEOPLE OF THE TOWNSHIP OF YPSILANTI  
☐ PEOPLE OF \_\_\_\_\_

VS

Defendant's name↑ \_\_\_\_\_

Address↑ \_\_\_\_\_

City, State, Zip Code↑ \_\_\_\_\_

Phone↑ \_\_\_\_\_

SSN#: \_\_\_\_\_

CTN: \_\_\_\_\_

Offense: \_\_\_\_\_

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

Date & Time of next Court appearance: \_\_\_\_\_ Court: \_\_\_\_\_ Judge: \_\_\_\_\_ Event: \_\_\_\_\_

LEIN Item No.: \_\_\_\_\_

↓ Bond Amount: \$ \_\_\_\_\_ Bond Type: ☐ Cash or Surety ☐ 10% ☐ Personal Recognizance

1. ☒ Report to Community Corrections at 4101 Washtenaw Ave., Ann Arbor, for review of conditions of release:  
☐ Monday, \_\_\_\_\_ at 9:30 AM.  
☐ Thursday, \_\_\_\_\_ at 2:30 PM.
2. ☐ No use and/or possession of alcohol or illegal drugs.
3. ☐ Submit to random drug/alcohol testing. **There is a \$20 fee for drug/alcohol testing. Bring the fee with you.**
4. ☐ Complete BTC 1 if test positive for illegal drug(s).
4. ☐ Participate in a substance abuse treatment program: \_\_\_\_\_
5. ☒ Do not leave the State of Michigan without permission of the court.
10. ☐ Remain in the custody of a responsible member of the community who agrees to monitor the defendant and who will report any violation of any condition to the court: \_\_\_\_\_
11. ☒ Do not possess or purchase a firearm, ammunition or other dangerous weapon.
12. ☒ Do not assault: \_\_\_\_\_ or anyone else.
14. ☒ Personally appear at all court hearings and other places as directed by the court.
15. ☐ No contact with: \_\_\_\_\_, except on civil standby with the police.
15. ☐ Do not go to: \_\_\_\_\_, except on civil standby with the police.
18. ☒ Do not violate any criminal law.
18. ☐ Other condition(s): \_\_\_\_\_

**FAILURE TO APPEAR MAY RESULT IN A WARRANT FOR YOUR ARREST!  
BRING PROOF OF ATTENDANCE TO YOUR NEXT COURT HEARING!**

**I UNDERSTAND AND AGREE TO OBEY ALL THE CONDITIONS LISTED IN THIS ORDER. IF I DO NOT OBEY EACH AND EVERY CONDITION, I MAY BE ARRESTED IMMEDIATELY AND THIS BOND WILL BE REVOKED.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

THE ABOVE CONDITIONS OF RELEASE AND IDENTIFYING INFORMATION SHALL BE PROMPTLY ENTERED ON THE LAW ENFORCEMENT INFORMATION NETWORK (LEIN).

**IT IS SO ORDERED**

\_\_\_\_\_  
Judge/Magistrate

\_\_\_\_\_  
Bar No.

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Order Expires On

Height	Weight	Race	Sex	Date of Birth	Hair Color	Eye Color	Other identifying information

**Washtenaw County Judicial Oversight Demonstration Initiative**  
**Law Enforcement Domestic Violence Bond Information Form**

Defendant: \_\_\_\_\_ Police Agency \_\_\_\_\_ Report No. \_\_\_\_\_

Nature of injuries \_\_\_\_\_

Did victim require medical attention? ☐ Yes ☐ No ☐ Unknown

Threats made by Defendant? ☐ Yes ☐ No ☐ Unknown

If yes, explain \_\_\_\_\_

Are there weapons in the home? ☐ Yes ☐ No ☐ Unknown

Has Department previously responded to domestic violence complaints involving this Defendant? ☐ Yes ☐ No  
 If yes, explain \_\_\_\_\_

Does Defendant have criminal record? ☐ Yes ☐ No (attach CCH or summary)

Is there a Personal Protection Order? ☐ Yes ☐ No ☐ Unknown

Court \_\_\_\_\_ Case No. \_\_\_\_\_ Protected Person \_\_\_\_\_

Outstanding Warrant(s) ☐ Yes ☐ No

Is Defendant on probation/parole? ☐ Yes ☐ No ☐ Unknown \_\_\_\_\_

Does victim request a no contact order? ☐ Yes ☐ No ☐ Unknown \_\_\_\_\_

Other \_\_\_\_\_

**Department recommends:**

- ☐ No assaultive behavior against \_\_\_\_\_, or anyone else
- ☐ No use/possession of alcohol/illegal drugs
- ☐ No possession of any firearms, ammunition, or other dangerous weapons
- ☐ No contact with (name(s)): \_\_\_\_\_
- ☐ No going to (specify location(s)) \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**PROSECUTOR RECOMMENDS**

- ☐ PR
- ☐ Cash bond \_\_\_\_\_  
 10% ☐ Yes ☐ No
- ☐ Additional condition(s): \_\_\_\_\_

Prosecutor Initials: \_\_\_\_\_

**Defendant Description:**

Height	Weight	Race	Sex	Date of Birth	Hair Color	Eye Color	Other identifying information

Officer (print): \_\_\_\_\_

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