

Bail Hearings

A Discussion

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Anyone can do it.



Preparation

APPENDIX F – PSA ASSESSMENT AND BAIL RECOMMENDATION

**Herb County, New Mexico
Public Safety Form 601**

Name: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Race: [REDACTED]
 Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Arrest History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Employment History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Financial Information:
 Annual Income: [REDACTED] Assets: [REDACTED] Liabilities: [REDACTED]

Social History:
 Alcohol Use: [REDACTED] Drug Use: [REDACTED]

Assessment:
 Risk Level: [REDACTED] Bail Recommendation: [REDACTED]

Date: [REDACTED] Officer: [REDACTED]

**Herb County, New Mexico
Public Safety Form 602**

Name: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Race: [REDACTED]

Arrest History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Employment History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Financial Information:
 Annual Income: [REDACTED] Assets: [REDACTED] Liabilities: [REDACTED]

Social History:
 Alcohol Use: [REDACTED] Drug Use: [REDACTED]

Assessment:
 Risk Level: [REDACTED] Bail Recommendation: [REDACTED]

Date: [REDACTED] Officer: [REDACTED]

**Herb County, New Mexico
Public Safety Form 603**

Name: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Race: [REDACTED]

Arrest History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Employment History (Last 12 Months):
 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]

Financial Information:
 Annual Income: [REDACTED] Assets: [REDACTED] Liabilities: [REDACTED]

Social History:
 Alcohol Use: [REDACTED] Drug Use: [REDACTED]

Assessment:
 Risk Level: [REDACTED] Bail Recommendation: [REDACTED]

Date: [REDACTED] Officer: [REDACTED]

The PSA

APPENDIX E – CLIENT INTERVIEW FORM

PDO BAIL CLIENT INFORMATION

Hearing Result:

Name: _____

Age: _____ Citizen: Yes / No IPR or Visa: Yes / No Since: _____ Country: _____

Residence: _____ Since: _____ How Area Since: _____

Lives with: _____

Alternate Residence if MOEP: _____

Kids (by age): _____

Self Provider: Yes / No

Current Employment: _____ Since: _____ Pay/Hours: _____

Prior Employment: _____ Gov't Benefits: _____

College, etc?: _____ Current School: _____

Military Branch: _____ Dates: _____ Combat: _____

Decorations: _____

Signif. Medical Conditions: _____

Family/Dependents w/ Disabilities/Conditions: _____

Mental Health Diagnoses: _____

Client Receives Support/Assistance from: _____

Transportation to court: _____

On probation, parole, or pretrial release?	Significant Priors	Holds

Notes:

The Interview

Our Clients



Interview Tips



