



## **Equal Justice Matters Bail Fund Application**

Bail up to \$200 dollars. No violent/sexual assault or bail violation history. Other conditions may apply.

### **General Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Prisoner Identification Number \_\_\_\_\_ Jail/Prison (Please give full name of Facility) \_\_\_\_\_

Resident Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Case Information – Circle if relevant or fill in blanks as provided**

Case Name & Docket Number: \_\_\_\_\_ Next Court Date \_\_\_\_\_

Cost of bail: \$ \_\_\_\_\_ Additional Conditions of Release: \_\_\_\_\_

Charges and brief description: \_\_\_\_\_

Do you have a Public Defender, hired attorney, or will you represent yourself? \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List previous criminal charges and years of convictions on your criminal record: \_\_\_\_\_

Additional comments on your case (Attach 2 page summary if necessary): \_\_\_\_\_

**PLEASE ATTACH YOUR ARREST REPORT OR CHARGING DOCUMENTS**

### **Personal Information**

Trusted contact persons or advocates we may contact with information about your case:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will this person have any objections to answering further questions regarding your case? \_\_\_\_ Yes \_\_\_\_ No

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL PAPERWORK. WE CANNOT COPY OR RETURN DOCUMENTS.**

Prisoner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: PO Box 140314 Anchorage AK 99514 OR Email to: [fight@equaljusticematters.com](mailto:fight@equaljusticematters.com)**