CLAYTON COUNTY DISTRICT ATTORNEY'S OFFICE APPLICATION FOR CONSENT BOND

- For expedited review, attach all applicable warrants and police reports
- This form is not for bond reductions. A motion for Bond Reduction must be filed in cases where a bond was granted at the defendant's first appearance hearing.
- You must leave this packet with the DA receptionist or email it to <u>DA.PRELIMS@claytoncountyga.gov</u>
- You will be contacted if our office consents to a bond

Date:			
Defendant's Name:			_ Sex: □ Male □ Female
Race:	Date of Birth:	SSN: _	
Current Charges:			
Does the Defendant know	the victim(s): \(\subseteq \text{Yes} \subseteq \text{No If}	yes, how long?	
Arresting Agency:	Officer	:	Phone:
	t:		
	ence/Holds or Pending Warrants		
Defendant's Address:			
Defendant's Employment	:		
Local Family of Defendar	nt/Address:		
	Bond:		
Defendant's Ability to Ma	ake Bond:		
Defendant's Attorney:			
Attorney's Phone:	Attorney's Emai	1:	
Attorney's Signature:			