SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES					
REQUEST TO INCI	REASE BAIL (PC§§	1269c/1270.1) <i>F</i>	ND/C	R RESTRICT SOURC	E OF BAIL (PC§ 1275.1)
Date/Time of Arrest:	Arrest File No.:	Arresting Agend	cy:	Jail Location:	Booking No.:
Arrestee/Suspect's Name (Last, First, Middle): DOB:					DOB:
Arrestee/Suspect's Res	idential Address:			Location of Occurrence:	
Booking Charges:	Miso	Misdemeanor Supple		emental Holds/Warrant/Charges:	
Arresting Officer(s)	Requesting Of		Reque	sting Officer Badge No.:	Contact Phone No.:
Current Bail (per Countywide Bail Schedule): Request to Increase Bail to \$ Request to Restrict Source of Funds Used to Post Bail (PC§ 1275.1)					
funds.:					
Additional facts sheet(s) and/or reports are attached hereto and are incorporated herein by reference. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.					
Executed on					age und sellen
9	Signature			Print Name	Employee Number
FOR PROBATION USE ONLY					
Date:	Time:		Judic	ial Officer	enied
FAX COMPLETED FORM TO BAIL DEVIATION AT (213) 487-6493 or EMAIL TO: PROB-MagistrateReview@probation.lacounty.gov NOTE: A copy of this completed form must be included in the arrest reports to be given to the prosecutor and defense counsel if					
criminal charges are fil A signed Probable Cau	ed.				