

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS,

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Defendant

Case No. \_\_\_\_\_

ORDER FOR SPECIAL CONDITIONS OF BAIL

IT IS HEREBY ORDERED THAT, in the event the Defendant is admitted to bail, he or she shall comply with the special conditions of bail as set forth below:

Report to:

Pretrial Services Division of the Adult Probation Department and comply with ongoing reporting requirements as determined by Pretrial Services Division of the Adult Probation Department and/or as specified below:

\_\_\_\_\_  
Social Service Department and comply with ongoing reporting requirements as determined by Social Service Department and/or as specified below:

- Submit address verification to Pretrial Services Division of the Adult Probation Department or Social Service at the first office visit.
- Submit to random/periodic drug testing.

Other: \_\_\_\_\_

**Attend counseling as arranged by Pretrial Services Division of the Adult Probation Department or Social Service Department:**

- Undergo drug and/or alcohol assessment.
- Participate in a recommended substance abuse program.
- Report to drug treatment facility for inpatient detoxification/treatment.
- Undergo medical or psychiatric treatment.

Other: \_\_\_\_\_

Refrain from indulging in intoxicating liquor, illegal

drugs or the following drugs:

\_\_\_\_\_  
Remain at the address:

\_\_\_\_\_  
during the curfew hours of: \_\_\_\_\_

Surrender his or her Firearm Owner's Identification Card to the following law enforcement agency within 48 hours following release:

\_\_\_\_\_  
Surrender all firearms in his or her possession immediately to the following law enforcement agency:

\_\_\_\_\_  
Surrender his or her passport prior to being admitted to bail to the Clerk of the Circuit Court.

Do not possess any firearm or dangerous weapon. Make payment of temporary child support to his or her dependants.

Refrain from contact or communication with child victim as ordered by court.

Minor to reside with parents or in foster home, attend school, attend non-residential youth program, contribute to own support (Strike those not applicable).

Be placed on an electronic monitoring device monitored by Pretrial Services Division of the Adult Probation Department.

Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

Be placed on an electronic monitoring device monitored by the Cook County Sheriff (complete Sheriff's Electronic Monitoring Form).  
GPS monitoring and comply with GPS requirements in addition to those specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do not contact the victim/complainant:  
\_\_\_\_\_,  
witness(es) or members of their family(ies):

\_\_\_\_\_  
\_\_\_\_\_

Refrain from contacting the victim/complainant for 72 hours following release.  
Do not enter the premises or the area:

\_\_\_\_\_

Refrain from entering the victim's/complainant's \_\_\_\_\_ residence for 72 hours following release.

Vacate the residence located at:  
\_\_\_\_\_  
until further order of the court.  
Other as specified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIOLATIONS OF THE CONDITIONS OF BAIL MAY RESULT IN ARREST, INCREASE IN BAIL OR REVOCATION OF BAIL.**

ENTERED:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Judge's No.

Atty. No.: \_\_\_\_\_ ARDC No.: \_\_\_\_\_

Atty Name: \_\_\_\_\_

Atty. for: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Email: \_\_\_\_\_