

In the Circuit Court of the Seventeenth Judicial Circuit
Winnebago County, Illinois

CC-135 V1

People of the State of Illinois,

Plaintiff

vs.

Case No(s). _____

FILE STAMP

_____,

Defendant.

**CONDITIONS OF RELEASE ORDER AND
NOTICE OF CONDITIONS OF PRETRIAL RELEASE
UPON RELEASE FROM CUSTODY**

THE COURT HAS DETERMINED THAT CERTAIN CONDITIONS OF RELEASE ARE NECESSARY IN YOUR CASE. YOU HAVE BEEN ORDERED TO:

1. Appear in court on _____ at _____ AM/PM and _____ at _____ AM/PM in Courtroom _____ of the Winnebago County Courthouse, 400 W. State St., Rockford IL; Winnebago County Criminal Justice Center, 650 W. State St., Rockford IL for arraignment status jury status/jury trial other _____ and thereafter as ordered by the court until discharged or final order of the court.

Defendant shall appear in person virtually;

- 2. Not violate any criminal statute of any jurisdiction;
- 3. Submit himself or herself to the orders and process of the court;
- 4. Notify the Circuit Clerk in writing of any change in his or her address within 24 hours after such change;
- 5. Report to Pretrial Services Probation Juvenile Probation Parole before 5 PM on the day of release or, if released after 5 PM, before 4 PM on the next business day following release from custody and thereafter as directed;
- 6. Not leave the State of Illinois without permission of the Court;
- 7. Refrain from possessing a firearm or other dangerous weapon;
- 8. Observe a curfew between _____ AM/PM and _____ AM/PM;
- 9. Have no contact directly or indirectly with the following individuals and/or places until further order of court:

10. Other conditions: _____

- The court finds that the following rehabilitative services are necessary because they are directly tied to risk of pretrial misconduct:
 - 11. Not consume alcohol, cannabis, illegal drugs or prescription drugs without a valid prescription in defendant's name;
 - 12. Submit to random blood, breath and urine drops at the discretion of Pretrial Services/Probation;
 - 13. Undergo a drug/alcohol evaluation mental health evaluation. Defendant must comply with any and all treatment recommendations and must sign releases of information for all treatment providers.

DATED: _____

ENTERED: _____

Judge of the 17th Judicial Circuit

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CONDITIONS OF MY PRETRIAL RELEASE COULD RESULT IN THE IMPOSITION OF SANCTIONS AND/OR THE REVOCATION OF MY PRETRIAL RELEASE. _____ (initial)

Defendant's signature

Street address

City, State, Zip code

Telephone

I FURTHER UNDERSTAND THAT I AM REQUIRED TO NOTIFY THE WINNEBAGO COUNTY CIRCUIT CLERK OF ANY CHANGE OF ADDRESS WITHIN 24 HOURS. _____ (initial)