**REQUEST FOR EARLY RELEASE**

Name of Client:

DOB:

Docket Number(s):

Date of Entry to Jail:

Date of Anticipated Release from Jail (see online list):

Charges (with Class) for Which Client Was Sentenced:

Sentence Received:

Prosecutor(s) on the Case:

Have you already consulted with the prosecutor/DA’s Office about this request?: YES / NO

Whom from the DA’s Office did you discuss this case with?:

What is the DA’s Office’s position: SUPPORT RELEASE / OPPOSE RELEASE / OTHER (explain)

Documented Medical Conditions (please attach documentation, if any):

Personal Circumstances (please attach documentation, if any, including where client would live if released):

Extraordinary Circumstances (please attach documentation, if any):

Reason(s) for the Request of Early Release (no more than a paragraph):

Attorney Name:

Attorney Email:

Attorney Phone Number:

Date of Request: