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| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">FILED SUPERIOR COURT OF CA, COUNTY OF KERN BY _____ DEPUTY</div> |
| THE PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT: | |
| BAIL REVIEW HEARING IN RE HUMPHREY | CASE NUMBER: Hearing must be at least three court days from filing date Monday-Thursday only. DATE: TIME: 10:00 A.M. DEPARTMENT: 1 |

Attorney _____ requests a bail review hearing on *(date)* _____ .

Defendant was arraigned on *(date)* _____ .

Bail was ordered:

- Denied
- Set at \$ _____ .
- Other _____ .

Opposing counsel has been served a copy of this request for bail review hearing.

DATE:

(SIGNATURE OF ATTORNEY)