IN THE SUPERIOR COURT OF THE STATE OF ALASKA

      JUDICIAL DISTRICT AT

|  |  |
| --- | --- |
| STATE OF ALASKA | )**VRA CERTIFICATION**I certify that this document and its attachments do not contain (1) the name of a victim of a sexual offense listed in AS 12.61.140 or (2) a residence or business address or telephone number of a victim of or witness to any crime unless it is an address used to identify the place of the crime or it is an address or telephone number in a transcript of a court proceeding and disclosure of the information was ordered by the court. |
| Plaintiff, | ) |
| vs. | ) |
|       | ) |
| Defendant | ) |
| DOB: |       | ) |
| Court No.: |       | CR |

**PETITION TO REVOKE PROBATION #**

**(Amended / Supplemental check box here** [ ]  **and enter #** **)**

[ ]  **Arrested** [ ]  **Warrant** [ ]  **Summons**

**IDENTIFICATION**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Race: |       | Sex: |       | Height: |       | Weight: |       |
| Eyes: |       | Hair: |       | DOB: |       | Age: |       |
| POB: |       | Offender #: |       |
| FBI #: |       | OL #: |       |
| Identifying Marks: |       | ATN #: |       |

**IN-CUSTODY**

**REMAND**: [ ]

**LOCATE INFORMATION**:

**PETITION FILING DATE**:       **ASSIGNED OFFICER**:

**A: VIOLATION OF GENERAL / SPECIAL CONDITION** Choose an item.Enter # OR DATE.

**ALLEGATION:**

On or about      , the defendant violated the conditions of his / her probation by      .

**WITNESS(ES):**

(Include name, title, agency, and phone #.)

**B: VIOLATION OF GENERAL / SPECIAL CONDITION** Choose an item.Enter # OR DATE.

**ALLEGATION:**

On or about      , the defendant violated the conditions of his / her probation by      .

**WITNESS(ES):**

(Include name, title, agency, and phone #.)

**C: VIOLATION OF GENERAL / SPECIAL CONDITION** Choose an item.Enter # OR DATE.

**ALLEGATION:**

On or about      , the defendant violated the conditions of his / her probation by      .

**WITNESS(ES):**

(Include name, title, agency, and phone #.)

**SENTENCING INFORMATION:**

|  |  |
| --- | --- |
| **Original Crime**:       | **Probation Terms:**  |
| **Sentence**:       | **Remaining Suspended Time**:       |
| **Sentencing Judge**:        | **Date of Judgment**:       |
| **Probation Start Date:**  | **Projected Probation Termination Date:**  |
| [ ]  **Suspended Entry of Judgment**. | **SEJ Next Hearing Date (If known)**:       |

**HISTORY OF REVOCATIONS:**

|  |  |  |
| --- | --- | --- |
| **Revocation Date**: | **PTR # / Violations**: | **Revocation Imposed**: |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

**CASE INFORMATION:**

|  |
| --- |
| **Arrest Type**: [ ] PO [ ] L.E. [ ] Turned Self In [ ] Warrant Requested |
| **Residence**: [ ] Stable [ ] Unstable [ ] Homeless |
| **Employment / Education**:[ ] Yes [ ] No Employer:       Phone #:       [ ] Full Time [ ] Part Time |
| **Reporting**: [ ] Consistent [ ] Inconsistent [ ] Not Reporting |
| **Treatment Programs**: [ ] Compliant [ ] Non-Compliant [ ] N/A(If Non-Compliant see details below.) |
| **Restitution:** [ ] Compliant [ ] Non-Compliant [ ] N/A |
| **Risk Level**: [ ] Low [ ] Low/Moderate [ ] Moderate/High [ ] High [ ] Unclassified  |
|   |
| Disposition Recommendation: (If this is an **Amended** recommendation, check here: [ ]  and enter date:      )     Probation Officer Evidence (e.g., urine, alcohol, etc.) Disposal Recommendation:      |
| **Bail Recommendation**: (If this is an **Amended** recommendation check here: [ ]  and enter date:      ) [ ] Low [ ] Moderate [ ] High [ ] Performance Bond [ ] Appearance Bond [ ] 24/7 [ ] EM [ ] Other:      It is respectfully recommended the following bail condition be added: Report to your assigned probation office within twenty-four (24) hours or the following business day after release on bail. |

|  |
| --- |
| **Attachments:**[ ] Judgment. (If required by the court.)[ ] Sanctions History. [ ] No DOC Offender Management System Sanctions History.[ ] Supporting Evidence / Documentation. (Sent to DA Only.) |

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

AFFIANT

Probation Officer

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

Approved by:

Probation Supervisor

 Subscribed and sworn before me this day of , 20 .

Notary Public for the State of Alaska.

My commission expires: