

THURSTON COUNTY SUPERIOR COURT
2000 LAKERIDGE DRIVE S.W.
OLYMPIA, WASHINGTON 98502

FILED
SUPERIOR COURT
THURSTON COUNTY

'09 APR 13 A8:52

INSTRUCTIONS ON RELEASE FROM CUSTODY

() You have been arrested under Cause No. 09-1-672-9 BY _____ on charges formally filed with the Thurston County Superior Court. If you are released on cash bail, bail bond or personal recognizance without first appearing in Court **YOU MUST APPEAR IN PERSON IN COURT FOR ARRAIGNMENT ON:**

Date: _____

Tuesday 0900 Am

YOUR FAILURE TO APPEAR WILL RESULT IN YOUR ARREST

() ~~All failure to pay will be seen on Friday 0900 Am~~
FELONY DRUG ARREST: YOU MUST APPEAR IN PERSON IN DRUG COURT ON:

Date: 04-17-09 (Tuesday/Friday at 2:00 PM)

(If released on Thurs. Fri. Sat. Sun. Mon schedule **next Friday** / If released on Tues. Wed. schedule **next Tuesday**)

YOUR FAILURE TO APPEAR WILL RESULT IN YOUR ARREST

() You have been arrested for **charges not yet formally filed** in Thurston County Superior Court. If you are released on cash bail, bail bond or personal recognizance without first appearing in court, the following procedures will occur. You will be notified when to appear by summons at the address you list below. This summons will specify the date and time on which to appear.

If you are requesting a court-appointed attorney you must call or contact the Pretrial Services Unit, Building 3, Thurston County Courthouse, Olympia, Washington, Telephone (360)754-2946 or 754-2897 between 8:00 A.M. and 10:00 A.M. on the date you appear in Court.

I ACKNOWLEDGE RECEIPT OF A COPY OF THE ABOVE INSTRUCTIONS AND UNDERSTAND THEM FULLY. I WILL REPORT AS INSTRUCTED ABOVE AND REALIZE THAT IF I DO NOT APPEAR A WARRANT FOR MY ARREST MAY BE ISSUED.

NAME: JASON MICHAEL FORD ADDRESS: PO BOX 461
First MI Last CITY: E OLYMPIA
DOB: 12-01-76 SSN: 537-78-5933 STATE: WA ZIPCODE: 98540
Telephone: (360) 352-1400 Message Phone No. _____

EXPLANATION OF CASH BAIL: Any cash bail posted will be in the name of the defendant and will be **subject to forfeiture for the defendant's failure to appear** and may be retained by the Court for any costs imposed by the Court in this matter.

Date: 04-13-09

[Signature]
Signature of Defendant

To Corrections Officer:

[Signature]
Witness: Corrections Officer

1. Print defendant's name below, check appropriate box, and enter amount of bail or bond posted.
2. **Original to:** 1. Court Clerk 2. Defendant 3. Prosecuting Attorney 4. Drug Court Program Administrator

Defendant's Name: FORD, JASON MICHAEL Cash () Bond Amount: \$250.00

1090 Posting