



FILED
 SUPERIOR COURT
 THURSTON COUNTY, WA

2021 SEP -2 PM 12:18

LINDA MYHRE ENLOW
 THURSTON COUNTY CLERK

SUPERIOR COURT OF WASHINGTON
 THURSTON COUNTY

STATE OF WASHINGTON, Plaintiff
 vs.
Selena Ursa Smith
 Defendant.

ORDER ON CONDITIONS OF
 RELEASE (ORECRP)

CAUSE 21-1-00676-34
 BOOKING _____

IT IS HEREBY ORDERED that the above named defendant abide by the following conditions of release:

<input type="checkbox"/>	The Court finds probable cause for the following crimes:
<input checked="" type="checkbox"/>	The Court has previously found probable cause.
	The defendant is held in custody until: _____ [] Further Order
<input checked="" type="checkbox"/>	Release on bail/bond <input checked="" type="checkbox"/> \$ <u>10,000</u> Cash/Bond [] Address must be verified by Pretrial Services before release <input type="checkbox"/> Return to court for conditions if posted [] 10% Cash Posting Allowed <input checked="" type="checkbox"/> POSTED <input type="checkbox"/> Bail previously posted may be applied to the bail amount set today, if the bail bond company files with the court approval of this in writing.
	Released without bail/bond [] Personal Recognizance [] Address must be verified by Pretrial Services before release
	Pre-Disposition OPTIONS [] Work Release [] Electronic Monitoring [] Other:
	THIS ORDER EXPIRES IF CHARGES ARE NOT FILED BY: Date: _____ Time: _____
Reside at the following Address: _____	
[] Mail notices to: _____	
<ul style="list-style-type: none"> > Do not leave Washington State <input checked="" type="checkbox"/> Other: <u>Defendant may reside in Portland, OR at an address verified by pretrial services.</u> > Appear in court on three (3) days notice > Do not possess weapons/firearms > Maintain weekly contact with your attorney > Do not violate the criminal law > Do not possess/consume any controlled substances without lawful prescription [] Do not possess/consume alcohol 	
<input checked="" type="checkbox"/>	NO CONTACT WITH: <u>Kathryn Stoker; Hans Stoker; O.S.W. or H.S.</u>
<input checked="" type="checkbox"/>	SUPERVISION: Report within <u>1</u> day(s) to: <input checked="" type="checkbox"/> Pretrial Services (360-754-2946) 2000 Lakeridge Dr SW, Bldg 2, Olympia <input type="checkbox"/> Comply with all reporting conditions of the agency [] Dept. of Corrections (360-459-6370) 3700 Martin Way, Suite 104, Olympia <input type="checkbox"/> Submit to urinalysis and/or breath testing upon reasonable suspicion.
	APPEAR FOR: _____ Date: _____ Time: _____
	FINGERPRINTING: The defendant shall immediately report to the Thurston County Jail and the Thurston County Sheriff shall, pursuant to RCW 10.98.050 initiate an arrest and fingerprint form.
OTHER: <u>Defendant must provide physical and mailing address to Pretrial Services</u>	
IF DEFENDANT FAILS TO APPEAR FOR ANY SCHEDULED COURT DATE OR FAILS TO COMPLY WITH CONDITIONS OF RELEASE, A BENCH WARRANT MAY BE ISSUED AND ADDITIONAL CRIMINAL CHARGES FILED.	

[Signature]
 Defense Attorney, WSBA # 53651
 Copy Received:
Selene Smith
 DEFENDANT

DATE: 9/2/2021
[Signature]
 Deputy Prosecuting Attorney, WSBA # 41755
[Signature]
 JUDGE
 John Skinder