

**Application for bail with electronic monitoring**

Section 7(5) Bail Act 2000

In the District / High Court at:.....

.....[full name]  
.....[address]  
.....[occupation]

Applicant

This document is filed by:

.....  
.....[name and address for service, and  
if filed by lawyers, the name and telephone number of the acting lawyer].

**\*Date of hearing**

I appoint ..... (date) at .....(time) at the District / High Court at

.....(place) for the hearing of this application.

.....  
Registrar

.....  
Date

**Notes**

*Information sheet*

A duly completed information form ‘Information to support application for bail with electronic monitoring’ must be completed to accompany this application.

*Service*

After having received a hearing date from the Registrar, a copy of this application and the accompanying information form EMBP01-Information to Support Application for Bail with Electronic Monitoring must be served on:

- Police, and
- Prosecuting agency (if not Police).



## EMBP 01

### Information to Support Application for Bail with Electronic Monitoring

The information sought on this form will enable Police to deliver an assessment for the Court to consider in determining your suitability for release onto bail with electronic monitoring ("EM bail") as a condition. Some information may be disclosed to third parties (such as the occupants of the residence where you intend to reside while on bail) as part of considering your application. If you do not provide the information requested, Police may not be able to provide the information required by the Court to enable it to make an informed decision regarding the EM bail application. Pursuant to the Privacy Act 1993, you have the right to request access to and correction of your information by writing to: Privacy Officer, New Zealand Police, PO Box 3017, Wellington 6140

Anyone remanded in custody can apply for EM bail unless detained under the Immigration Act 1987, as this does not allow bail under the Bail Act 2000.

For further information on EM bail, possible EM bail conditions, and feasibility requirements see *Fact Sheet 1: General Information*, *Fact Sheet 2: Information for EM Bail Applicants*, and the EM bail website <http://www.police.govt.nz/service/embail/>. In addition, you may wish to discuss EM bail with your counsel.

Today's Date:		Have you previously applied for EM bail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### 1. Applicant Details

Full name			
Date of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residency status	<input type="checkbox"/> New Zealand citizen <input type="checkbox"/> New Zealand permanent resident <input type="checkbox"/> Other		
If Other, what is your residency status?			
[Optional] Ethnicity - tick all that apply:			
<input type="checkbox"/> Chinese	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Niuean	<input type="checkbox"/> Tongan	
<input type="checkbox"/> Indian	<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Other _____	
Name of prison where currently remanded			
Do you have a lawyer acting for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, state lawyer			
Lawyer's contact address			
Lawyer's phone numbers	Work (    )	Mobile (    )	
Lawyer's fax number	(    )		
Lawyer's e-mail address			

## 2. Grounds for Seeking EM bail

Please describe your reasons for seeking EM bail, e.g., sections of the Bail Act 2000; sections of the Children, Young Persons & their Families Act 1989; changes in circumstances since having been refused standard bail; and / or personal reasons.

## 3. Court Proceedings

If available, attach a list of active charges to this application.

Have you been refused bail by a Judge on any or all of the active charges?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, in which Court and on which date?		
Which agency or agencies laid the charges against you?		<input type="checkbox"/> Police <input type="checkbox"/> Dept of Corrections <input type="checkbox"/> Other (specify) _____
Were you serving any sentence or order with Community Probation & Psychological Service at the time of being remanded in custody?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state location		
Are you the subject of any family court order, e.g. protection order?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details		
Are you the subject of any restraining orders under the Harassment Act 1997?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details		
Are you the subject of any non-association orders under the Sentencing Act 2002?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details		

## 4. Proposed Residential Address

Enter the full address of the residence where you intend to live for the purpose of EM bail. Key factors in selecting a proposed address are:

1. You have notified the occupants that you are applying to live there for the purpose of EM bail,
2. The occupants will most likely consent to your living at the address, and
3. The address has a high probability of strong cellular telephone coverage.

Street number & name		
Suburb		
City / Town / Location		
Telephone number	Home (    )	Mobile (    )
Do you intend to live alone at this address?	<input type="checkbox"/> No - complete Sections 4a, 4c, and 4d <input type="checkbox"/> Yes - complete Sections 4b, 4c, and 4d	

### Section 4a – Living with Others at the Proposed Residential Address

Who is the principal occupant?		
Other residential occupants	Date of Birth	What is his or her relationship to you? (e.g., partner, mother, son)
Are the occupants aware that you are applying to reside with them on EM bail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of the occupants alleged victims or witnesses of any of your current charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name(s) of occupant(s):		
Are any of the occupants co-accused / defendants of any of your current charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name(s) of occupant(s):		

## Section 4b – Living Alone at the Proposed Residential Address

(i) **Access to the proposed residential address:** If you intend to live alone, state full name and contact details of a keyholder – someone who can provide access to and be present at the proposed residential address for the site assessment.

Name of keyholder	
Keyholder contact details	

(ii) **Support while on EM bail, if granted:** If you intend to live alone, state full name and contact details of a support person – someone who can provide support to you at the proposed residential address (such as grocery shopping, transport to Court, etc.), if granted EM bail.

Is the keyholder also your support person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state name of support person	
If No, support person contact details	

## Section 4c – Childcare Commitments

Do you have childcare commitments?	<input type="checkbox"/> Yes – at the proposed address <input type="checkbox"/> Yes – outside of the proposed address <input type="checkbox"/> No
If Yes, provide details about those commitments (such as ages of children, schooling, sole or shared care, etc.)	
If Yes, have you had involvement with Child, Youth and Family (CYF) in relation to those childcare commitments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 4d – Transport from Court if Granted EM Bail

If you are granted EM bail by the Court, will a family member, partner, or friend transport you from the Court to the residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
If Yes, state name	
If Yes, state contact details	

## 5. Medical Needs

Health information is required for the purpose of determining whether you have any medical issues or concerns that may affect your suitability for EM bail and for developing suitable conditions of bail, if granted. If Police contact your general practitioner (GP), any medical costs will be at your expense.

Do you have any existing health problem, medical condition, illness (including mental health) which will require regular treatment?  Yes – complete Section 5  **No - go to Section 6**

## 5. Medical Needs (continued)

State the condition, illness, or disease		
State the type of treatment required		
State the name of medical provider		
State the address of medical provider		
How often is treatment required?		
Where is treatment provided?		
Are you required to take any prescribed or pharmacy-only medication (e.g., for asthma or drug addiction)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details		
Do you have dependency issues for alcohol, drugs, or any other substances?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do any of those require health care treatment or management?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, outline treatment you have been receiving for your dependencies		
If Yes, where it might continue if you are released on EM bail		
Have you been or are you the subject of any compulsory treatment or assessment order under the Mental Health (Compulsory Treatment) Act 1992, including as a voluntary patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details		

## 6. Financial Support Details

If granted EM bail, how will you support yourself financially? (tick all that apply)	<input type="checkbox"/> Employment	<input type="checkbox"/> Family / whānau support
	<input type="checkbox"/> Savings	<input type="checkbox"/> Benefit
	<input type="checkbox"/> Partner support	<input type="checkbox"/> Other _____
If you wish to start or resume employment if EM bail is granted, state name of business, usual work hours, physical address, supervisor, and supervisor's telephone number:		

## 7. Training / Educational Requirements

Are you currently enrolled on a training course or at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you wish to resume training or schooling if EM bail is granted, state the training provider or school, location, times, and contact details of tutor, training facility, or school.	

## 8. Authorisation for Police Enquiries

The Police may have to obtain further information from persons or agencies you have identified on this form as well as other agencies. This authorisation outlines the information the Police may require and some of the agencies that may be contacted (1) to obtain further information to provide to the Court to enable it to assess your suitability for EM bail; (2) to consider bail conditions; and (3) to manage your EM Bail, if granted. Information gathered from this authorisation will be used solely for the purpose of the Court Report and the management of your EM bail, if granted.

I, (print full name) \_\_\_\_\_, authorise a member of the New Zealand Police to obtain my personal information (where relevant to this application) from the following individuals or agencies for the purpose of considering my application for EM bail and managing my EM Bail, if granted:

(a) Department of Corrections:

- Prison Service or any private Prison Service provider: all of the following while in custody on my current charges:
  - any incident or misconduct reports relating to me
  - information or documents on my health conditions, illnesses, or diseases which require acute, long-term, or regular medical care or treatment
  - assessment documents that relate to my likelihood of self harm or harm to others, including any risk management plans
  - whether I have been segregated under the Corrections Act 2004
  - a recent photo of myself
- Community Probation & Psychological Service: my compliance with community based sentences and previous Home Detention, if applicable;

(b) Medical:

- Personal information from my healthcare provider to confirm:
  - details of my current medical conditions, illnesses, or diseases which require acute, long term, or regular medical care or treatment
  - any treatment requirements and information on my likelihood of self harm or harm to others
- Mental health services:
  - details of my current mental health condition
  - any treatment requirements, and information or documents on my likelihood of self harm or harm to others;

(c) Ministry of Social Development (Child, Youth and Family Services): any records concerning notifications, care and protection issues or any contact Child Youth and Family have had with me, particularly if I have any past convictions or current charges for child abuse or neglect; and

(d) Any other agency that may hold information that is relevant to my EM bail application for the purposes of assessing my suitability, considering bail conditions, and managing my EM Bail, if granted, e.g., Ministry of Social Development, Housing New Zealand, Department of Labour, Women's Refuge, Victim Support, Ministry of Education, etc.

I further authorise the Police to disclose the current charges which I am facing, and any relevant information about my criminal history (if any) to the relevant occupants of the proposed residence and to Housing New Zealand if it is the landlord of the proposed residence. If required, I authorise the Police to disclose the current charges which I am facing to any employer and support person (if I am proposing to live alone) in the course of assessing my application in order that those persons can give fully informed consent.

I understand that if I refuse to complete and sign this authorisation for the Police to obtain the information sought, it may prevent the Police from being able to provide a complete EM bail assessment to the Court.

Applicant Signature* _____	Witness Signature* _____
Applicant Name _____	Witness Name _____
Date _____	Witness Position _____
	Date _____

\* If the Applicant is aged 16 years or under, both the Applicant and his or her Parent, Guardian or Youth Advocate should sign this form.