



Notice of Application to Vary Bail Conditions

Section 33 or 34 Bail Act 2000, Section 238 Oranga Tamariki Act 1989 or
Rule 2.12-2.14 Criminal Procedure Rules 2012

Opposed - vic says they
never have a large
extended fam who can
accompany the dad.

Name of defendant: Kaz Fraider CRI/s: CRI-2024-004-009143

Defendant's contact number: 022 140 6590 Scheduled court: Auckland/Tāmaki Makaurau

Defendant's lawyer: Ben Hoffman Next hearing date: 17/12/24

Charges

List of charges the defendant is facing:

24004014542-43 Suffocation (x2)
24004014544 Assault with intent to injure
24004014545 Threat to kill/GBH
24004014546 Theft < \$500
24004014547 Willful damage

Existing Bail Conditions

What are the existing conditions:

Tick and complete the relevant conditions.

List any other conditions not included on the form

- ☒ You must live at 2/192 New Windsor Rd New Windsor
- ☒ You must be at your bail address, from 2400 to 0000
On Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday.
- ☒ Do not contact or try to contact (name(s) of victims, witnesses, co-offenders).
- ☐ Do not drive any car or other motor vehicle.
- ☐ Do not drink any alcohol.
- ☐ Do not go into places that sell alcohol.
- ☐ Do not take illegal drugs or psychoactive substances.
- ☒ Do not be violent or threaten to be violent toward anyone

Exception to curfew for shopping Tues/Thurs 1000-1200 Lynn mall

For: KAZ R FRAIDER
Disclosed under the Criminal Disclosure Act 2008

Specify the reasons for the application to vary the bail conditions (if an EM Bail address variation please also complete Appendix A)

Mr Fraider is the full-time carer for his very unwell father. He needs to be able to accompany him to health appointments and do other health-related tasks such as picking up prescriptions.

List the condition(s) to be varied

Additional exception to curfew: to attend health appointments or collect prescriptions for his father with proof of appointment/prescription.

Signature

Name:

Ben Hoffman

Date:

28/11/24

Signed:

Ben Hoffman

Note: If the defendant is aged 16 years or under, both the applicant and their parent, guardian or Youth Advocate should sign this form.

Prosecution views

Prosecutor name

Y Alrubayee

Prosecutor address
for service & email

Auckland PPS

We agree to this bail variation

☐ No**If the bail variation is opposed:**Which bail condition is
opposedto attend health appointments with his father and collect prescriptions for
his fatherState the grounds for
the opposition

1. The defendant is on very serious family violence charges. These charges are also relatively new; therefore, the defendant has not had sufficient time to prove his compliance with his curfew.
2. On 25 November 2024, the defendant was warned for a bail breach which occurred on 21 November 2024, where a bail check was done and the defendant was not home. The defendant is already showing a lack of compliance.
3. The victim is opposed to this bail variation as she is still extremely frightful of the defendant as a result of the offending. She is worried that with this variation there is a risk that she or her children will bump into the defendant.
4. Police submit that there is a high risk of re-offending and are opposed to this variation due to concerns for the victims safety.

Victim has also advised the def has a large extended family who ~~are~~ are able to assist the father.

Signature


Name:

Y Alrubayee

Date:

29.11.24

Signed:



Appendix A

VARIATION TO CHANGE EM BAIL ADDRESS

Proposed Address for Electronically Monitored Bail

(An Electronically Monitored Bail Assessor will require access to the property during the assessment. This process requires a minimum of 10 working days from lodgement of variation.)

Street Number & Name _____

Suburb _____ City/Town/Location _____

Telephone number _____ (Home)

Will the defendant be the sole occupant? Yes/No

If yes, provide a contact person for access to the EM bail residence:

Name _____ Telephone number: _____

If no, provide the following for each occupant (continue on another page if necessary):

Name _____	DOB _____
Relationship to defendant _____	Telephone number _____

Or, are the occupants the same occupants at your current EM Bail address YES/NO

Consent to Enquiries

In order for this application to be considered, either the New Zealand Police or the Department Of Corrections may have to obtain further information from the following persons or agencies:

- Department Of Corrections
- Medical (Personal and Mental Health Services)
- New Zealand Police
- Ministry of Social Development (including Work and Income and Child, Youth and Family)
- Any other agency or person that may hold information which is relevant to your application.

You are not required to give this consent in order for your application to be considered. However, please be aware that without your consent it may be difficult to obtain the information required for the EM Bail Suitability Report and this may have an impact on the likelihood of your application being successful.

Please indicate whether or not you consent to an Electronically Monitored Bail Assessor requesting your personal information (where relevant to this application) from the above individuals or agencies for the purpose of preparing an EM Bail Suitability Report and the purpose of monitoring bail if the application is granted.

☐ Yes

☐ No