

Judge's Name _____
Your Name _____
Date _____

WATCH Felony Arraignment Monitoring Forms

Please respond to the following items to the best of your ability, circling the appropriate response. You may use the back of this page for comments. If an item does not apply to this particular hearing please leave it blank. If you have comments or questions about your experience today, please contact WATCH at 612-341-2747 or watch@watchmn.org. Thank You!

Defendant Information

Defendant's name _____ Case number _____

What was the defendant charged with? _____

Was the charge a case of domestic violence, sexual assault, or child abuse? ☐ YES ☐ NO ☐ CAN'T TELL

Did this case involve "choking" or strangulation? ☐ YES ☐ NO ☐ CAN'T TELL

What was the relationship between the defendant and the victim? _____

Was this appearance a: ☐ FIRST APPEARANCE ☐ HEARING ☐ PROBATION VIOLATION HEARING ☐ OTHER _____

Was the defendant in or out of custody *at the beginning of the hearing*? ☐ IN CUSTODY ☐ OUT OF CUSTODY ☐ CAN'T TELL

What was the defendant's gender? _____

What was the defendant's apparent race/ethnicity: ☐ AFRICAN ☐ AFRICAN-AMERICAN/BLACK ☐ ASIAN/PACIFIC ISLANDER*
☐ CAUCASIAN ☐ HISPANIC/LATINO ☐ NATIVE AMERICAN
☐ MIDDLE EASTERN/ARAB ☐ CAN'T TELL ☐ OTHER (PLEASE DESCRIBE) _____

Did the defendant appear to understand English? ☐ YES ☐ NO ☐ CAN'T TELL

Was an interpreter present? ☐ YES ☐ NO ☐ UNKNOWN If yes, what language was spoken? _____

Victim Information

What, if any, information was given about the victim? _____

Additional Information

Were children (under 12) present in the courtroom? ☐ YES ☐ NO ☐ CAN'T TELL

Bail and Release Conditions

What did the prosecutor request for bail and what were the reasons? _____

What did the defense attorney request for bail and what were the reasons? _____

Did the judge order bail? ☐ YES ☐ No If yes, how much and what were the reasons? _____

Conditions included (check all that apply);

- ☐ **No contact** with victim and victim's family ☐ **Stay away** from victim's residence and work ☐ No same or similar **offense** ☐ No same or similar **charges** ☐ No alcohol or drug use ☐ Random urine analysis or breathalyzer ☐ Complete domestic abuse counseling/treatment ☐ Complete chemical abuse counseling/treatment ☐ Complete anger management program ☐ Complete sex offender treatment ☐ Register as a sex offender ☐ Supervised probation ☐ Provide a DNA sample ☐ No firearms ☐ Remain law abiding
- ☐ Pay restitution \$_____, \$_____ was stayed for _____ months
- ☐ Other: _____

When is the next appearance scheduled? _____

Your Notes and Questions

Please return this form to the WATCH office at:

Suite 465 Northstar East, 608 2nd Ave S., Minneapolis, MN. 55402. Fax: (612) 339-1171

Thank You!