

**BAIL PROCEEDING  
FORM II**

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE  COURT OF GENERAL SESSIONS  
 MAGISTRATE COURT  
 MUNICIPAL COURT OF \_\_\_\_\_

STATE OF SOUTH CAROLINA

ORDER SPECIFYING METHODS AND CONDITIONS OF RELEASE

v.

\_\_\_\_\_  
NAME OF DEFENDANT

Offense Charged: \_\_\_\_\_

At a bail proceeding conducted by the undersigned judge, for the defendant named above, it was determined by the court (check one or both):

- The release of the defendant on recognizance will not reasonably assure his appearance as required.
- The release of the defendant on recognizance will result in an unreasonable danger to the community.

This determination was based upon the following findings of fact: \_\_\_\_\_

[Considerations: Nature and circumstances of the offense charged, the defendant's family ties, employment, financial resources, character and mental condition, the length of his residence in the community, his record of convictions, and any record of flight to avoid prosecution or failure to appear at other court proceedings.]

**THEREFORE, IT IS HEREBY ORDERED:**

1. That the above named defendant be released from custody on the condition that he will personally appear before the designated court at the place, date and time required to answer the charge made against him and do what shall be ordered by the court and not depart the State without the permission of the court and be of good behavior.
2. That the above named defendant be released from custody provided as follows:

**CASH IN LIEU OF BOND**

The defendant, acknowledges himself to be indebted to the State of South Carolina in the sum of \_\_\_\_\_ to secure his release from custody. Should the defendant fail to comply with all terms and conditions of this Order, this sum of money is subject to being forfeited to the State.

**CASH PERCENTAGE IN LIEU OF BOND**

The defendant, acknowledging himself to be indebted to the State of South Carolina in the full amount of \_\_\_\_\_, his release to be obtained by payment to the court of \_\_\_\_\_ % (not to exceed 10%) of the full amount of the bond, deposits \_\_\_\_\_ to secure his release from custody. Should the defendant fail to perform the conditions of this Order, the full amount shall be levied on his real and personal property for the use of the State.

**APPEARANCE RECOGNIZANCE WITH SURETY**

The defendant will provide good and sufficient surety approved by the court, in the form hereinafter set forth in this Order, acknowledging an indebtedness to the State in the amount of \_\_\_\_\_.

3. That the defendant shall appear at (check one):

- the term of \_\_\_\_\_ COURT OF GENERAL SESSIONS \_\_\_\_\_ beginning on \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_M, at \_\_\_\_\_ and remain there throughout that term of court. If no disposition is made during that term, the defendant shall appear and remain throughout each succeeding term of court until final disposition is made of his case, unless otherwise ordered by the court.
- the session of \_\_\_\_\_  MAGISTRATE COURT  MUNICIPAL COURT \_\_\_\_\_ beginning on \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_M, at \_\_\_\_\_ If no final disposition is made during that session, the defendant shall appear at such other times and places as ordered by the court.

INITIALS OF DEFENDANT \_\_\_\_\_

4. That the defendant will notify the court promptly if he changes his address from the one contained in this order and he will comply with those conditions described hereinafter in the Order.

\_\_\_\_\_  
SIGNATURE OF JUDGE

\_\_\_\_\_  
DATE

**ACKNOWLEDGEMENT BY DEFENDANT**

I understand that if I violate any condition of this Order, a warrant for my arrest will be issued.

I understand and have been informed that I have a right and obligation to be present at trial and should I fail to attend the court, the trial will proceed in my absence.

It has been explained to me that if I fail to appear before the court as required, a warrant for my arrest will be issued.

ADDRESS \_\_\_\_\_ SIGNATURE OF DEFENDANT \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE OR ID NUMBER \_\_\_\_\_ ATTORNEY REPRESENTING ACCUSED (IF KNOWN) \_\_\_\_\_

**SPECIAL CONDITIONS OF RELEASE**

a.  Placement in custody. The defendant is placed in the custody of: \_\_\_\_\_  
NAME OF PERSON OR ORGANIZATION

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
who agrees (1) to supervise the defendant as set forth by the court, (2) to use every effort to assure the appearance of the defendant at all scheduled hearings before the court, and (3) to notify the court immediately in the event the defendant violates any conditions of his release or disappears.

SIGNATURE OF CUSTODIAN (IF APPROVED) \_\_\_\_\_ DATE \_\_\_\_\_

b.  Restrictions on Travel, Association or Residence. The defendant will comply with each of the following conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.  Part-time Release. The defendant will be released from custody from \_\_\_\_\_ o'clock, \_\_\_\_\_ to \_\_\_\_\_ o'clock, \_\_\_\_\_  
on \_\_\_\_\_ on condition that he return to the custody of \_\_\_\_\_  
DATE(S) \_\_\_\_\_ NAME OF PERSON OR ORGANIZATION \_\_\_\_\_  
at \_\_\_\_\_ as designated.  
LOCATION \_\_\_\_\_

d.  Other Conditions. The defendant will comply with the following other conditions of release: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPEARANCE RECOGNIZANCE WITH SURETY**

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before the undersigned judge the surety named below who acknowledged himself indebted to the State of South Carolina, in the sum of \_\_\_\_\_, such sum to be levied on his real and personal property for the use of the State, should named defendant fail in performing the conditions of this Order.

The surety, being duly sworn, says that he is a resident and free holder within the State and is worth the sum acknowledged and underwritten herein, over all his debts and liabilities, and exclusive of property exempt from execution.

NAME OF SURETY BONDSMAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SIGNATURE OF SURETY BONDSMAN \_\_\_\_\_  
ADDRESS OF SURETY BONDSMAN \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ SIGNATURE OF JUDGE \_\_\_\_\_  
NAME OF INSURANCE COMPANY \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS OF INSURANCE COMPANY \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_