

## REMAND TO JAIL CUSTODY AND RECEIPT FOR PRISONER

At _____ hours this date, the below named prisoner, legally under arrest is hereby temporarily remanded to the below institution and is held for the _____ (Agency). Detention under this authority is requested to extend only to the earliest possible opportunity for arraignment before a magistrate.					
1. Prisoner's Name (Last, First, M.I.):		2. Date Of Birth:		3. Date Of Remand/Receipt:	
4. Prisoner Alias(es) (If Any):			5a. ADL Number:	5b. Offender Number:	6. Institution:
7. Victim Name:		8. Victim Telephone #:		9. Is this remand a Domestic Violence? Yes _____ No _____	
10. Prisoner Charge(s):	11. Statute / Code:	12. Warrant Number:	13. ATN:	14. ORI	15. Bail:
1.					
2.					
3.					
4.					
5.					
16. Actual Place of Arrest:		17. Actual Date of Arrest:		18. Actual Time of Arrest:	
19. Committing Officer's Name (Printed):		20. Badge No.:		21. Receiving Officer's Name (Printed):	
22. Committing Officer's Name (Signature):		23. Agency:		24. Booking Officer's Name (Signature):	

Form 20-811.01A (Rev. 05/11)

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