7. My current street address is the same as my mailing address.

8. SPECIAL CONDITIONS: _____

_____

_____

_____

_____

DATED this _____ day of _____, 200____.

_____
Defendant

I, the attorney for the above-named Defendant, acknowledge that I have reviewed this Request with the Defendant and have witnessed his/her signature.

SHERLOCK & NARDI

By:_____

The Office of the Flathead County Attorney has no objection to the above-named Defendant being released on his/her own recognizance, Subject to the above-mentioned conditions.

OFFICE OF THE COUNTY ATTORNEY

By:_____

The Defendant's Request for Release on Own Recognizance is hereby granted and the Defendant is ordered to comply with the terms and conditions set forth herein. The Flathead County Sheriff's Office is hereby authorized to release said Defendant forthwith.

_____
JUDGE