



# 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

Name of defendant: \_\_\_\_\_ CRI/s: \_\_\_\_\_

Defendant's contact number \_\_\_\_\_ Scheduled court: \_\_\_\_\_

Defendant's lawyer: \_\_\_\_\_ Next hearing date: \_\_\_\_\_

## Charges

List of charges the defendant is facing:

## 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 \_\_\_\_\_
- You must be at your bail address, from \_\_\_\_\_ to \_\_\_\_\_  
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

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

---

List the condition(s) to be varied

---

**Signature**

---

**Name:**

**Date:**

---

---

**Signed:**

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

Prosecutor address  
for service & email

---

---

We agree to this bail variation

Yes  No

**If the bail variation is opposed:**

---

Which bail condition is  
opposed

---

State the grounds for  
the opposition

---

**Signature**

---

**Name:**

**Date:**

---

---

**Signed:**

**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