

# BSS Referral for address check

Date: \_\_\_\_\_

*Duty Lawyers – please fill out this form legibly*

Defendant's name: \_\_\_\_\_

PRN/DOB: \_\_\_\_\_

Duty Lawyer: \_\_\_\_\_

Email and Number: \_\_\_\_\_

Assigned Lawyer: \_\_\_\_\_

Email and Number: \_\_\_\_\_

Proposed bail address: \_\_\_\_\_

Occupant's name: \_\_\_\_\_

Occupant's number: \_\_\_\_\_

Alleged victim(s): \_\_\_\_\_

Charges laid: \_\_\_\_\_

Back up addresses and occupants: \_\_\_\_\_

Bail hearing date and time: \_\_\_\_\_

Additional comments: \_\_\_\_\_

*The Defendant has provided this information on the understanding that it will be used by BSS, and the Defendant consents to BSS contacting and disclosing the charges laid and alleged offending to the occupants at the proposed bail address/es.*

*Once this form has been completed, please email it to Bail Support Services at **BSSManukau@corrections.govt.nz**.  
The sooner it gets to Bail Support Services, the sooner the address can be checked for availability.*

*Bail Support Services works with NGO's, community groups, iwi and organisations that offer specific services to defendants. We will liaise with those who provide those services to assist bail applicants to access the support they need if they are granted bail.*

