# TCIC Conditions of Bond Data Form

*This form is to be completed by the issuing court and shared with a local law enforcement agency for entry.*

|  |  |  |
| --- | --- | --- |
| Court ORI: | Court Descriptor: | |
| OCA: | Choose One:  New Conditions of Bond Entry Modify Existing Conditions of Bond Entry | |
| Issue Date: | Date of Expiration: | Date Signed: Date Rescinded: |

**Complete all fields to ensure timely entry into TCIC. Missing information will delay this entry and will require the entering agency to contact the court to provide the necessary information.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Respondent Name**:** | | | | | | | | | | | | Sex:  Male Female Unknown | | | |
| Race: (circle one):  Indian Asian Black White Unknown | | | | | | | | | | | | Ethnicity: (circle one)  Hispanic Non-Hispanic Unknown | | | |
| Place of Birth: | | | | Citizenship: | | | | Date of Birth: | | Height: | | | Weight: | | |
| Skin Tone: (circle one):  Albino Black Dark Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow | | | | | | | | | | | | | | | |
| Eye Color: (circle one):  Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown | | | | | | | | | | | | | | | |
| Hair Color: (circle one)  Black Blond Brown Gray Red White Sandy Bald Blue Green Orange Pink Purple Unknown | | | | | | | | | | | | | | | |
| Scars, Marks and/or Tattoos: (please describe in detail)  AKAs: | | | | | | | | | | | | | | | |
| Caution and Medical Conditions: (circle all that apply)  00 – Armed and Dangerous 05—Violent Tendencies 10—Martial Arts Expert 15—Explosive Expertise  40-Int’l Flight 20—Known to Abuse Drugs 25—Escape Risk 30—Sexually Violent Predator  50—Heart Condition Risk 55—Alcoholic 60—Allergies 65—Epilepsy  70—Suicidal 80—Medication Required 85—Hemophiliac 90—Diabetic  01--Other | | | | | | | | | | | | | | | |
| Respondent Address: | | | | | | | | | | | | | | | |
| City: | | | | | County: | | | | State: | | | | | Zip: | |
| Bond Conditions: (circle all that apply) | | | | | | | | | | | | | | | |
| 01 | | Ignition Interlock Device | | | | | | | | | | | | | |
| 02 | | GPS Monitor | | | | | | | | | | | | |  |
| 03 | | Alcohol Monitor | | | | | | | | | | | | |  |
| 04 | | Curfew (See MIS) | | | | | | | | | | | | | |
| 05 | | Home Confinement | | | | | | | | | | | | | |
| 06 | | No Communication with Protected Person | | | | | | | | | | | | |  |
| 07 | | Prohibited from Protected Person/ Child Residence, School, Employment, Business, Day-Care Facility (See MIS) | | | | | | | | | | | | | |
| 08 | | Supervised Access to Protected Person | | | | | | | | | | | | | |
| 09 | | No Family Violence or Assault | | | | | | | | | | | | |  |
| 10 | | No Direct or Indirect Threatening or Harassment of Victim or Family or Pets | | | | | | | | | | | | |  |
| 11 | | No Contact Except through Attorney or Court-Appointed Person | | | | | | | | | | | | |  |
| 12 | | No Firearm Possession | | | | | | | | | | | | |  |
| 13 | | Stay Away (See MIS) | | | | | | | | | | | | |  |
| 14 | | Other (See MIS) | | | | | | | | | | | | |  |
| Bond Type: (circle one) | | | | | | | | | | | Bond Amount: | | | | |
| C | Cash Bond | | S | Surety Bond | | P | Personal Bond | | | |
| Bond Condition Remarks: | | | | | | | | | | | | | | | |
| Brady Record Indicator (BRD): SVC:(circle one) served/not served/unknown N—Respondent is NOT disqualified Y—Respondent is disqualified U—Unknown SVD: | | | | | | | | | | | | | | | |
| Relationship to Protected Person: (Not the additional PPNS) | | | | | | | | | | | | | | | |

*Please include the following numeric identifiers, if available:*

|  |  |  |
| --- | --- | --- |
| Driver License: | DL State: | DL Expiration: |
| Texas ID: | Miscellaneous ID: | Social Security: |

# TCIC Conditions of Bond Data Form– Page 2

Respondent Name:

*Respondent Vehicle Data:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| License Plate: | LP State: | | LP Year: | | LP Type: |
| Vehicle ID: | | Year: | | Color: | |
| Make: | | Model: | | Style: | |

*Protected Person Data*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Protected Person Name: | | | | | | Sex:  Male | | Female |
| Race: (circle one):  Indian Asian | Black | White | Unknown |  |  | Ethnicity: (circle one)  Hispanic Non-Hispanic Unknown | | |
| Date of Birth: | | | | | Social Security: | | | |
| Protected Person Address: | | | | | | | | |
| City: | | County: | | State: | | | Zip: | |

*Protected Person Employer Data*

|  |  |  |  |
| --- | --- | --- | --- |
| Protected Person Employer Name: | | Address: | |
| City: | State: | | Zip: |
| Protected Person Employer Name: | | Address: | |
| City: | State: | | Zip: |

*To be completed by Criminal Justice/Law Enforcement Official:*

|  |  |  |  |
| --- | --- | --- | --- |
| SID: | FBI #: | FPC: | MNU: |