



County of Santa Clara, OFFICE OF PRETRIAL SERVICES

2310 N 1st Street, Suite 104

San Jose, CA 95131

Phone (408) 918-7900 Fax (408) 918-7902

sccpretrial.org

Self Surrender Referral Information Form

Date: _____

Defendant's Name: _____

Date of Birth: _____ **PFN:** _____

Phone: _____ **Work Phone:** _____ **Other:** _____

Referring Party (Check One)

I/O: _____ **Phone:** _____

Comments: _____

DA: _____ **Phone:** _____

Comments: _____

Police report requested? () yes () no

Attorney: _____ **Phone:** _____

Docket: _____ **A/W Cen #:** _____ **Bail:** _____

Charges: _____

Victim Name(s): _____ **Phone:** _____

Amount of Loss: _____

Additional Information: _____
