

PETITION FOR CAPIAS

NAME OF ADMINISTRATIVE AGENT (COUNTY OR CITY)

OFFICIAL NAME OF PROGRAM

TO: ANY JUDICIAL OFFICER

WHEREAS, THE DEFENDANT OFFENDER _____
Name of Defendant/Offender

ON THE _____ DAY OF _____ OF _____ WAS, TO THIS OFFICE:
Day Month Year

- RELEASED TO CUSTODY AND SUPERVISION ON BAIL
- SENTENCED AND RELEASED TO PROBATION
- RELEASED TO PROBATION FOLLOWING A DEFERRED PROCEEDING
- ORDERED TO _____

BY THE AUTHORITY OF _____ OF THE
MAGISTRATE CLERK JUDGE
JUDICIAL DISTRICT AND CIRCUIT

District /Circuit Number

AND, WHEREAS, THE ABOVE-NAMED INDIVIDUAL, HAS, IN MY JUDGMENT, VIOLATED ONE OR MORE OF THE FOLLOWING CONDITIONS OF RELEASE AND WHOSE CONTINUED LIBERTY PRESENTS A RISK OF FLIGHT OR TO PUBLIC SAFETY:

- FAILURE TO COMPLY WITH THE CONDITIONS OF RELEASE ON BAIL IMPOSED BY A JUDICIAL OFFICER
- FAILURE TO COMPLY WITH CONDITIONS OF PRETRIAL SUPERVISION
- MAY FAIL TO APPEAR, WILL LEAVE, HAS LEFT THE JURISDICTION TO AVOID PROSECUTION OR HAS ABSCONDED
- HAS DEMONSTRATED INTRACTABLE BEHAVIOR:
 - BY REFUSING TO COMPLY WITH TERMS AND CONDITIONS OF PROBATION IMPOSED BY THE COURT
 - BY REFUSING TO COMPLY WITH THE REQUIREMENTS OF LOCAL PROBATION SUPERVISION
- HAS COMMITTED A NEW OFFENSE WHILE UNDER SUPERVISION
- HAS DEMONSTRATED BEHAVIOR THAT PRESENTS A RISK TO HIMSELF OR HERSELF

NOW, THEREFORE, PURSUANT TO §§ 19.2-152.4:1 & 19.2-152.4:3 § 19.2-303.3 & § 9.1-176.1 OF THE CODE OF VIRGINIA, COMES THIS OFFICER SEEKING A CAPIAS FOR ARREST

WITNESS MY HAND THIS _____ DAY OF _____ 20____

PRINT NAME

SIGNATURE _____
Pretrial Services Officer Local Probation Officer

ATTACHMENTS:

- COPIES OF: ORIGINAL ARREST WARRANT
- DC 330 DC 352 DC 353 DC 355
- DC 357 SIGNED CONDITIONS OF SUPERVISION