IN THE CIRCUIT COURT TWENTY-FOURTH JUDICIAL CIRCUIT COUNTY, ILLINOIS

| THE | PEOPLE O | F THE STATE | OF ILLINOIS, | | } | | |
|--------------|--|---|----------------------------|----------|-------------|--|--|
| | | | Plair | ntiff, | } | No: | |
| VS | | | | | } } } | | |
| | | | Defe | ndant. | } | | |
| | | | COUN | TY ST | ATE' | 'S ATTORNEY' | S |
| | • | VERIFIED PE | TITION TO R | EVOK | E PF | RETRIAL RELE | ASE |
| for th | ne County of 5 5/110-6(a), tl | People of the State hat this Court reversities as follows | , Sta oke pretrial rele | | | and respectfully req ove-named cause. | , State's Attorney in and uest, pursuant to 725 In support |
| 1. | On the | day of | , 20 | , Def | endaı | nt, after having bee | en charged with the offense |
| | • | on pretrial releas ot violate any cri | • | | | • | a release, including that the |
| 2. | On the Defendant co | day of committed the offe | , 20 | , whi | le on | pretrial release, the | ; |
| | а | | , in that | | | | , in violation of 720 |
| | ILCS | С | ounty cause | | , and | defendant was cha | arged with said offense in ; |
| 3. | No condition or combination of conditions of release would reasonably ensure the appearance of the defendant for later hearings or prevent the defendant from being charged with a subsequent felony or Class A misdemeanor; | | | | | | |
| THE relea | | the reasons state | ed above, the P | eople pi | ray tha | at this Court revoke | e the Defendant's pre-trial |
| | | | F | Respectf | ully sı | ubmitted, | |
| | | | - |)ata: | | | |

VERIFICATION BY CERTIFICATION

The undersigned attorney hereby certifies, as authorized by 735 ILCS 5/1-109, that the undersigned has read the contents of the foregoing document, has knowledge of the matters recited, and that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

| Respectfully submitted, | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|
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| | | | | | | | |
| Date: | | | | | | | |