

Annex 4 Bail Supervision and/or Electronic Monitoring as part of Bail Suitability Assessment Report

SUMMARY (to be completed after assessment)	
(Guidance – on completion you may consider submitting either the front page alone or the whole report to the Sheriff)	
Name	
Date of Birth	
Court	
Summary/Solemn Case	
Date Report Prepared	
Proposed Bail Address	
<p>The above individual agreed to being assessed for suitability for Bail Supervision and Electronic Monitoring as part of bail. An assessment was undertaken using available sources of information and an interview with the individual.</p> <p>From this assessment, it is advised that the individual would be suitable for, and has consented to, the following:</p>	
Bail Supervision	[]
Electronic Monitoring of Bail	[]
Bail Supervision and Electronic Monitoring of Bail combined	[]
Not suitable for either Bail supervision or Electronic Monitoring of Bail	[]

SECTION 1: PERSONAL DETAILS			
Date of Assessment			
Assessment Type	Bail Supervision		[]
	Electronic Monitoring of Bail		[]
	Bail Supervision and Electronic Monitoring of Bail combined		[]
Name			
Date of Birth			
Gender			
Address			
Telephone			
Solicitors details (if known)			
Consent obtained to undertake suitability assessment and appropriate use of information gathered:	Yes		[]
	No		[]
Local Reference Number			
CHS Number			
PF Reference			
Arrest on Warrant	Yes		[]
	No		[]
Court			
Date of Appearance			
Alleged Offence(s)			
Current court orders/on licence (including existing EM orders)			

SECTION 2: SOURCES OF INFORMATION

(Guidance – you may wish to consider noting the systems interrogated before commencing assessment. Please see [Bail supervision: national guidance](#) section 3.1.2)

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SECTION 3: ANALYSIS OF PAST OFFENDING BEHAVIOUR

Summary	
Relevant, Adult, Public & Child Protection Issues (Guidance – you may wish to refer to National guidance for child protection in Scotland 2021 and Adult Support and Protection (Scotland) Act 2007: guidance for Adult Protection Committees)	

SECTION 4: FAMILY RELATIONSHIPS & DOMESTIC RESPONSIBILITIES

Overview of Assessed needs (welfare, disability, health, etc.)	
Caring Responsibilities	
Employment/Educational/Attendance at places of worship	
Any additional Information	

SECTION 5: ACCOMMODATION DETAILS

When assessing suitability for EM of bail please also consider whether bail supervision is appropriate

(Guidance – please note that the EM as part of bail operational guidance states that as decisions on bail need to be made on day of appearance, due to legislative time constraints, it is only be in exceptional individual circumstances that a home visit will be undertaken. The nature of the assessment will, therefore, be based on available information to the assessor)

Accommodation Type		
Resident at this address prior to custody/time resident		
Suitable accommodation	Yes	[]
	No	[]
Electricity Supply	Yes	[]
	No	[]
Landline Telephone	Yes	[]
	No	[]
Householder consent	Yes	[]
	No	[]
Is this a suitable address for the person to be restricted to?	Yes	[]
	No	[]
Additional Information (Please comment is the person should be considered for restriction AWAY from a location, or a specified address?)		

SECTION 6: OTHER RELEVANT INFORMATION (INCLUDING OF RELEVANCE TO ELECTRONIC MONITORING SERVICE PROVIDER)

eg. where two workers are required for visits/installation

(Guidance – you may wish to consider copying this information and emailing to service provider to highlight any safety issues)

SECTION 7: KEY ASPECTS OF BAIL SUPERVISION PLAN (bullet points)

SECTION 8: CLIENT WILLINGNESS TO PARTICIPATE

Bail Supervision	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Electronic Monitoring of Bail	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Bail Supervision and Electronic Monitoring of Bail combined	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

SECTION 9: RECOMMENDATION

Suitable for Bail Supervision	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Suitable for Electronic Monitoring of Bail	Yes	<input type="checkbox"/>

		No	[]
Suitable for Bail Supervision and Electronic Monitoring of Bail combined		Yes	[]
		No	[]
Proposed bail supervision support plan (inclusive of referrals to services)			

Name of assessor	
Designation	
Telephone Number	
Date Report Completed	

Conditions of Bail Supervision pro-forma (part of assessment template)

Conditions of Bail Supervision

Name: _____ Date of birth: _____

In addition to the conditions outlined in the Criminal Procedure (Scotland) Act 1995, I (the above named), agree to adhere to the conditions outlined below, in accordance with [insert name of local authority]'s bail supervision service:

1. The terms and conditions of my bail have been fully explained to me, as were the implications of breaching such an order and any of the conditions. I understand that attempting to interfere with, threaten witnesses, or fail to comply with special conditions will result in an automatic breach and my arrest and return to court. I fully understand what is required, agree to comply with these conditions and understand the consequences of failure to comply.
2. I will adhere to the reporting conditions as instructed by the bail supervision worker.
3. I understand that any unexplained or unarranged absences will be viewed as a breach of bail unless a medical certificate or other relevant evidence is produced.
4. I will arrive at the times stipulated in my reporting instructions and understand that any variation in this arrangement must be agreed in advance with my supervising officer.
5. I will be of good behaviour and understand that abusive language or aggressive behaviour will not be tolerated by staff and may result in breach of my bail conditions.
6. I will not be under the influence of drugs or alcohol and understand that staff will report any concerns regarding my substance use to the court at the end of the bail period.
7. I consent to bail supervision staff communicating as necessary with relevant agencies (e.g. my solicitor; housing; drug and alcohol services; employment services; medical services) as part of my bail supervision support and monitoring.
8. Domicile of Citation/Condition of Residence [Delete as appropriate]

I will reside at the following address and understand that I must inform my bail supervision worker (and legal representative if appointed) before any change in this arrangement can be made:

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.....
.....

Signed: Date:.....

Witnessed by: Date: