

Annex 5 Bail Supervision Management Plan

Factor (For illustrative purposes only)	Stable (✓)	Unstable (✓)	Strength (✓)	Comments	Action(s) to be taken (including any compliance measures), when, and by whom	Progress
Accommodation						
Relationships / peers						
Employment/ training						
Substance use						

Health						
Mental health						
Engagement with support services						

Conditions of bail	
Any special conditions	
Level of contact, including home visits	

I agree that I will:

- Attend appointments
- Engage with the above plan

Signed (service user):

Signed (bail supervision worker):

Date: