



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
CRIMINAL DIVISION  
PRETRIAL RELEASE CONDITIONS AND ORDER**

United States of America/District of Columbia

PDID No.: 700476

Lockup No.: \_\_\_\_\_

Vs.

Address: 1342 EASTERN AVE NE

Case No.: 2024 CTF 000730

SAMUEL RANDOLPH WALKER III

WASHINGTON, DC 20019

Phone No.: (240)838-8624

Defendant

Email: \_\_\_\_\_

You are being released on your promise to appear. You must follow all the conditions of release listed below. These conditions are in effect until the case ends or the conditions are changed by a judge. You must not commit any criminal offenses while this case is pending. Failure to comply with this Order may result in your arrest and additional charges including, but not limited to, contempt of court.

<input type="checkbox"/> Report immediately to Pretrial Services Agency (PSA), Room C-301, to review the conditions of release. Failure to report is a violation of your conditions of release.				
<u>SUBSTANCE USE TESTING</u> <input type="checkbox"/> Report to PSA, Room C-220, for weekly testing <input type="checkbox"/> Evaluation, if positive, weekly testing <input type="checkbox"/> Diversion consideration <input type="checkbox"/> Include alcohol <input type="checkbox"/> Full screen	<u>FIREARMS</u> <input type="checkbox"/> Warning Given <input type="checkbox"/> Do Not Possess Firearms	<u>STAY AWAY</u> <u>NO CONTACT ORDER</u> <input type="checkbox"/> See addendum	<u>FUGITIVE</u> Report to demanding jurisdiction to resolve outstanding warrant. State: _____ County: _____	
<u>INITIAL REPORTING REQUIREMENTS</u> Pretrial Services Agency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Monthly by phone to verify court date <input type="checkbox"/> As directed by PSA <input type="checkbox"/> _____ Times	<u>REPORTING REQUIREMENTS</u> Probation/Parole/Supervised Release <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Date: _____	<u>REPORT FOR SUPERVISION ORIENTATION</u> <input type="checkbox"/> Within 1 Business Day <input type="checkbox"/> Within 2 Business Days <input type="checkbox"/> By Date: _____	<u>PSA MENTAL HEALTH</u> <input type="checkbox"/> Screening/Possible Placement <input type="checkbox"/> Maintain Services <input type="checkbox"/> Specialized Supervision Team (SST) Placement <input type="checkbox"/> As directed by PSA <u>SUBSTANCE USE ASSESSMENT/PLACEMENT:</u> <input type="checkbox"/> Alcohol <input type="checkbox"/> Substance Use	<u>URGENT CARE CLINIC</u> The Urgent Care Clinic is in Room 1230. Report for Assessment and Placement for: <input type="checkbox"/> Alcohol/Substance Use Disorder <input type="checkbox"/> Mental Health
<u>ADDRESS VERIFICATION</u> Verify your address: <input type="checkbox"/> Immediately <input type="checkbox"/> Next Business Day <input type="checkbox"/> Contact PSA within 24 hours if your contact information changes.	<u>CURFEW</u> <input type="checkbox"/> From: _____ pm to _____ am <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____	<u>ELECTRONIC MONITORING</u> <input type="checkbox"/> Home Confinement <input type="checkbox"/> Location Monitoring <input type="checkbox"/> Orientation: 633 Indiana Ave. 10 <sup>th</sup> floor, Suite 1020 at _____ on _____	<u>DIVERSION/COMMUNITY SERVICE</u> <input type="checkbox"/> Report to Room 4203 for assessment and consideration <input type="checkbox"/> Immediately <input type="checkbox"/> On: _____	
<u>SANCTION-BASED TREATMENT PROGRAM</u> <input type="checkbox"/> Orientation: 633 Indiana Ave. 10 <sup>th</sup> floor, Suite 1080 at _____ on _____	<u>DC/TRAFFIC OFFENSES</u> <input type="checkbox"/> Do Not Drive without a valid permit. <input type="checkbox"/> Do Not Drive after consuming alcohol or any illegal or controlled substance, or any medication that causes impairment	<u>OTHER REQUIREMENTS</u> REMOVE FROM PRETRIAL SUPERVISION		
<u>PENALTIES FOR VIOLATION OF RELEASE CONDITIONS</u> I agree to comply with the conditions of release, and I understand the penalties that I may face for violation of any conditions of release. I understand that, if I violate any condition of release, I may be subject to revocation of release, detention, prosecution for contempt, and, if I am convicted, a fine of up to \$1,000 or up to six (6) months in jail or both.	<u>PENALTIES FOR FAILURE TO APPEAR</u> I understand that if I fail to appear in this case, a warrant may be issued for my arrest. If convicted of Failure to Appear, I understand that I may be subjected to: 1) If today's charge is a felony, or you are pending sentencing: Up to a \$12,500 fine and/or one (1) to five (5) years incarceration. 2) If today's charge is a misdemeanor: Up to a \$1,000 and/or 90 to 180 days incarceration	<u>PENALTIES FOR CONVICTION WHILE ON RELEASE</u> I understand that if I am convicted of a felony while on release in this case, I may face up to a \$12,500 fine, one (1) to five (5) years in jail or both. I also understand that if I am convicted of a misdemeanor while on release, I may face up to a \$1,000 fine, 90 to 180 days in jail or both.		
<u>NEXT COURT DATE</u> 05/20/2024 at 9:30 am in Courtroom 316		<u>THIRD PARTY CUSTODY</u> The defendant is placed in the custody of: _____ <b>Custodian:</b> I agree to assume custody of the Defendant. I agree (a) to supervise the Defendant in accordance with the release conditions above, (b) to use every effort to assure the Defendant's appearance at all scheduled hearings or trials, and (c) to notify Pretrial Services Agency at (202) 585-7955 immediately if I learn that the Defendant has violated any condition of release or if the Defendant is no longer in contact with me.		

Your attorney: MIGUEL SERRANO

