

DATE/TIME _____ ARREST DATE/TIME _____ IN JAIL: Y N

NAME _____ RACE: AA AS H W SEX: M F

SSN _____ DOB _____ CITIZENSHIP _____ MARITAL STATUS: S M SEP

RESIDENTIAL ADDRESS _____

MAILING ADDRESS _____

PHONE _____ (HOME) _____ (CELL)

CONTACTS 1) _____ R'SHIP _____ PHONE _____

2) _____ R'SHIP _____ PHONE _____

NUMBER OF CHILDREN: IN APPLICANT'S RESIDENCE _____ NOT IN APPLICANT'S RESIDENCE _____

AMOUNT OF COURT- ORDERED CHILD SUPPORT PAID _____ (FOR _____ CHILDREN)

OTHER DEPENDENTS: NUMBER _____ RELATIONSHIP(S) _____

NET INCOME ("TAKE-HOME PAY")

	SOURCE	AMOUNT
APPLICANT		
SPOUSE		
OTHER		
OTHER		
OTHER		

(APPLICANT'S EMPLOYMENT AVAILABLE UPON RELEASE: Y N N/A ?)

FAMILY SIZE _____ INDIGENCE LEVEL \$ _____ TOTAL INCOME \$ _____

LIQUID ASSETS

CHECKING \$ _____ SAVINGS \$ _____ REAL PROPERTY _____

MOTOR VEHICLES _____ OTHER _____

I, THE APPLICANT, HEREBY SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY REQUEST THAT THE OFFICE OF THE PUBLIC DEFENDER (LMJC) REPRESENT ME IN THE CRIMINAL MATTERS PENDING AGAINST ME IN THE SUPERIOR COURT OF SAID COUNTY.

DATE _____ SIGNED _____

OFFICE USE ONLY

ACCEPTED _____ CONFLICT _____ DENIED: J I A INTERVIEWER: _____

REQUALIFICATION REQUIRED: Y N

