

**OFFICE OF THE PUBLIC DEFENDER, STATE OF HAWAII  
APPLICATION FOR LEGAL SERVICES**

NAME: (Last, First, Middle) \_\_\_\_\_  
 Sex:  Male  Female  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 ALTERNATE ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**ESTIMATE THE FOLLOWING ASSETS:**

Home Owner:  
 Current Market Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
 Savings Account: \$ \_\_\_\_\_  
 Checking Account: \$ \_\_\_\_\_  
 Automobile #1: \$ \_\_\_\_\_  
 Automobile #2: \$ \_\_\_\_\_  
 Tax Refund: \$ \_\_\_\_\_

Investments:  
 Bonds: \$ \_\_\_\_\_  
 Real Estate: \$ \_\_\_\_\_  
 Stocks: \$ \_\_\_\_\_

**Marital Status:**  
 Single  Married  Separated/Divorced  
 Number of Dependents: \_\_\_\_\_  
 Are You a United States Citizen?  Yes  No  
 Is an Interpreter Needed?  Yes  No  
 If Yes, What Language? \_\_\_\_\_  
 Are you employed:  Yes  No  
 Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Your Average Take Home Pay:  
 \$ \_\_\_\_\_ per \_\_\_\_\_  
 Spouse's Average Take Home Pay:  
 \$ \_\_\_\_\_ per \_\_\_\_\_  
 Welfare/Food Stamps: \$ \_\_\_\_\_  
 Social Security Benefits: \$ \_\_\_\_\_  
 Worker's Compensation: \$ \_\_\_\_\_  
 Unemployment Benefits: \$ \_\_\_\_\_

**YOUR ESTIMATED MONTHLY EXPENSES:**

Rent/Mortgage: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Child Care/Support: \$ \_\_\_\_\_  
 Medical/Dental: \$ \_\_\_\_\_  
 Transportation: \$ \_\_\_\_\_

**OTHER DEBTS:**

Creditor: \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_  
 Monthly Payment: \$ \_\_\_\_\_  
 Creditor: \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_  
 Monthly Payment: \$ \_\_\_\_\_  
 Creditor: \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_  
 Monthly Payment: \$ \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_  
**TYPE OF CASE:**  FC-CR  FC-J  
 ADULT JUVENILE  
**For Juveniles Only:**  
 Name of Parent(s): \_\_\_\_\_  
 If living other than at home, list address and name of  
 facility/social worker: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under penalty of law that the information provided is true and correct to the best of my knowledge:

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_