

APPLICATION FOR PUBLIC DEFENDER SERVICES

Felony-1

1130 North Nimitz Highway, Suite A-135

Honolulu, Hawaii 96817

Telephone: (808) 586-2200

CONFIDENTIAL: DO NOT ASK COURT PERSONNEL FOR ASSISTANCE

Name [Last, First, Middle]: _____

Are you employed? Yes [] -- No []

Employed Since: _____

Employer's Name & Address: _____

Sex: [] Male - - [] Female

Date of Birth: _____

Work Telephone: _____

Social Security No.: _____

Occupation: _____

Supervisor: _____

Home Address: _____

Marital Status:

[] Single [] Married [] Widowed
[] Separated [] Divorced

Home Telephone: _____

Number of Dependents: _____

Alternate Address [friend or relative]: _____

Interpreter Needed? Yes [] -- [] No

What Language? _____

Alternate Telephone: _____

How long have you lived in Hawaii? _____

Today's Date: _____

Public Defender Case No.: _____

List the charges against you below:

Next Court Date: _____

Court Number: _____

Type of Appearance: _____

Police Report Number: _____

TO BE FILLED IN WITH ATTORNEY

	Yes	No		Yes	No
1. U.S. Citizen?	___	___	9. Prior adult record?	___	___
2. Mental history?	___	___	10. Prior Juvenile record?	___	___
3. Physical illness?	___	___	11. Other pending charges?	___	___
4. Military service?	___	___	12. On probation/parole?	___	___
5. Prior non-appearance?	___	___	13. Co-defendants?	___	___
6. In-custody?	___	___	14. Anything seized?	___	___
a. If Yes: Where?: _____			If Yes: Warrant?:	___	___
b. If No: Bail: _____			15. Statement made?	___	___
7. High school: _____			If Yes: Mirandized?:	___	___
8. Last grade completed: _____					

FILL IN OTHER SIDE OF APPLICATION

ASSETS AND INCOME

YOUR AVERAGE TAKE HOME PAY:

\$ _____ per _____
Welfare: \$ _____
Social Security: \$ _____
Workman's Comp.: \$ _____
Unemployment Comp. \$ _____

YOUR SPOUSE'S AVERAGE TAKE HOME PAY:

\$ _____ per _____

ESTIMATE THE FOLLOWING ASSETS:

Home: \$ _____
Mortgage: \$ _____
Real Estate: \$ _____
Savings: \$ _____
Tax Refunds: \$ _____
Automobile 1: \$ _____
Automobile 2: \$ _____

LIABILITIES AND EXPENSES

ESTIMATE MONTHLY EXPENSES FOR:

Rent: \$ _____
Utilities: \$ _____
Food: \$ _____
Child Care: \$ _____
Medical/dental: \$ _____
Transportation: \$ _____
Other Expenses: \$ _____

OTHER DEBTS:

1. Creditor: _____
Total owed: \$ _____ Monthly: \$ _____
2. Creditor: _____
Total owed: \$ _____ Monthly: \$ _____
3. Creditor: _____
Total owed: \$ _____ Monthly: \$ _____

Reviewed [initial appropriate determination]:

[] Approved
[] Denied

All information provided by me is true
to the best of my knowledge and belief:

CLIENT'S SIGNATURE

You have applied for representation by the Office of
the Public Defender. Deputy Public Defenders are
attorneys who represent clients charged with crimes
who cannot afford an attorney. In your case, it is
very important that you follow these instructions:

1. Do not talk to anyone, especially the police,
about your case.

- 2. If you change your address, contact our
office immediately.
3. If you are arrested, contact our office.
4. Tell everyone (including other inmates), who
question you that you have an attorney and
they should contact us before you will speak
with them about your case.