

**OFFICE OF THE PUBLIC DEFENDER, STATE OF HAWAI'I
APPLICATION FOR LEGAL SERVICES**

NAME: (Last, First, Middle) _____

Sex: Male Female

Date of Birth: _____

Social Security Number: _____

MAILING 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 _____

Food Stamps: \$ _____

Welfare Benefits: \$ _____

Social Security Benefits: \$ _____

Worker's Compensation: \$ _____

Unemployment Benefits: \$ _____

YOUR ESTIMATED MONTHLY EXPENSES:

Rent/Mortgage: \$ _____

Utilities: \$ _____

Food: \$ _____

Alimony: \$ _____

Child Care/Support: \$ _____

Medical/Dental: \$ _____

Transportation: \$ _____

Payroll Deductions: \$ _____

OTHER DEBTS:

Creditor: _____

Balance Owed: \$ _____

Monthly Payment: \$ _____

Creditor: _____

Balance Owed: \$ _____

Monthly Payment: \$ _____

Creditor: _____

Balance Owed: \$ _____

Monthly Payment: \$ _____

FOR OFFICE USE ONLY: DATE: _____

COURT: Hilo Ka'u N. Kohala
 Kona Puna S. Kohala
 Hamakua Circuit Court

NEXT COURT DATE/TIME: _____

FOR: _____

WHERE: _____

PUBLIC DEFENDER NO.: _____

COMPLAINANT: _____

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

YOUR SIGNATURE _____ DATE _____