

**APPLICATION FOR PUBLIC DEFENDER SERVICES**  
**CONFIDENTIAL: DO NOT ASK COURT PERSONNEL FOR ASSISTANCE**

I.  
Complete this form, and return it within seven days, by mail or in person to:

Office of the Public Defender  
Kauai Office  
3060 Eiwa Street (State Bldg.)  
Lihue, Kauai, Hawaii 96766

II.  
Call 274-3418 three days after sending in the application to set up appointment.

III.  
**IMPORTANT:** If you fail to keep your appointment, this Office will not represent you in Court.

Name [Last, First, Middle]: \_\_\_\_\_

Are you employed? Yes  -- No

Employed Since: \_\_\_\_\_

Sex:  Male --  Female

Employer's Name & Address: \_\_\_\_\_

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: \_\_\_\_\_

Type of Case (Check Only 1 Box):

List the charges against you below:

Defender Case No.: \_\_\_\_\_ Public

District Court:  
 Criminal  
 Traffic

\_\_\_\_\_

Number: \_\_\_\_\_ Court

Family Court:  
 Adult  
 Juvenile

\_\_\_\_\_

Next Court Date: \_\_\_\_\_

Circuit Court Felony

\_\_\_\_\_

Type of Appearance: \_\_\_\_\_

\_\_\_\_\_

FILL IN OTHER SIDE OF APPLICATION

**ASSETS AND INCOME**

**YOUR AVERAGE TAKE HOME PAY:**

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

**ESTIMATE THE FOLLOWING ASSETS:**

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

**YOUR SPOUSE'S AVERAGE TAKE HOME PAY:**

\$ \_\_\_\_\_ per \_\_\_\_\_

**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

**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: _____					