

**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:

Savings Account Balance: \$ _____
 Checking Account Balance: \$ _____
 Automobile #1: \$ _____
 Automobile #2: \$ _____
 Investments:
 Bonds: \$ _____
 Real Estate: \$ _____
 Stocks: \$ _____
 Are you a home owner? Yes No
 If "Yes," what is the
 Current Market Value: \$ _____
 Home Loan Balance: \$ _____

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

YOUR ESTIMATED MONTHLY EXPENSES:

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

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: \$ _____

OTHER DEBTS/BILLS: (If more space needed, use back of sheet)

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

FOR OFFICE USE ONLY: DATE: _____
 COURT: Hana Lanai
 Lahaina Molokai
 Wailuku
 Next Court Date/Time: _____
 AP APT POC/SEN
 Type of Case: Criminal DUI Traffic
 List of Charges: _____

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

YOUR SIGNATURE _____ DATE _____