

**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

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/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: Honolulu Wahiawa
 Ewa Wai'alua
 Kaneohe Wai'anae
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 _____