

**OFFICE OF THE PUBLIC DEFENDER
APPLICATION FOR REPRESENTATION**

Privileged and Confidential

JAIL ID# _____

FILE INFO	Matter ID:			Case Number:		
	Area of Law:	<input type="checkbox"/> Circuit	<input type="checkbox"/> District	<input type="checkbox"/> Juvenile	<input type="checkbox"/> CINA <input type="checkbox"/> Appellate	
	Top Charge:					
	Court Information:	Date	Time	Location		
CLIENT INFO	PLEASE ANSWER THE FOLLOWING QUESTIONS					
	Name:				SSN:	
	Address/Apt#:					
	City, State, Zip:					
	Phone Number(s):				Date of Birth:	
	I authorize communication through email correspondence				<input type="checkbox"/> NO	<input type="checkbox"/> YES
	Email Address					
	Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other:	
	Race:	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
		<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other:		
	Contact Person (Other than yourself)	Name & Number:				
		Relationship:				
	Were you born OUTSIDE the U.S.?			<input type="checkbox"/> NO	<input type="checkbox"/> YES: country:	
	Do you need an interpreter?			<input type="checkbox"/> NO	<input type="checkbox"/> YES: language:	
	Highest level of education completed:			Did you have an IEP or 504 in school <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Family Size: (You and legal dependents)					
	Military service:			<input type="checkbox"/> NO	<input type="checkbox"/> YES: years/discharge:	
	Drug or Alcohol history:		Past treatment:		Current Treatment	
	List all treatment programs:					
Medical and/or mental health history:			<input type="checkbox"/> NO	<input type="checkbox"/> YES		
List all mental health treatment						
Are you taking medication for emotional or mental health reasons? <input type="checkbox"/> NO <input type="checkbox"/> YES			If yes, list those medications:			
CASE INFO	Are you currently on probation/ parole/ Conditional Release (Pretrial)?			<input type="checkbox"/> Parole	<input type="checkbox"/> Probation	<input type="checkbox"/> Conditional Release(Pretrial)
	Were you arrested with anyone in this case (co-defendant)?			<input type="checkbox"/> NO	<input type="checkbox"/> YES:	
	Did you make any written or oral statements to police or sign any waivers?			<input type="checkbox"/> NO	<input type="checkbox"/> YES:	
	Were there any witnesses? If yes, please list name and address of witnesses			<input type="checkbox"/> NO	<input type="checkbox"/> YES:	

COMPLETE ALL INFORMATION BELOW. IF A BOX DOES NOT APPLY, WRITE "\$0" or N/A.

ARE YOU CURRENTLY EMPLOYED NO YES Self-employed Business owner

INCOME	EMPLOYER #1:	
	Employer Contact name and number:	MONTHLY EARNINGS (take home pay): \$
	EMPLOYER #2:	
	Employer Contact name and number:	MONTHLY EARNINGS (take home pay): \$
	OTHER INCOME – MONTHLY - List other income from <u>ALL</u> sources including social security or veterans' benefits, public assistance, professional fees, rental income, alimony, interest, dividends, retirement, etc; if it does not apply, write '0'	
	SOURCE:	\$ PER MONTH *If you receive SSI, what is the nature of your disability? :
	\$	
	\$	
	\$	
TOTAL INCOME:		\$

EXPENSES	EXPENSES – MONTHLY - List all payments for monthly expenses; if it does NOT apply, write '0'			
	BILL:	\$ PER MONTH	BILL:	\$ PER MONTH
	RENT or MORTGAGE	\$	CHILD SUPPORT	\$
	UTILITIES (electric, gas, water only)	\$	CHILD DAY CARE	\$
	PHONE	\$	FOOD	\$
	HEALTH INSURANCE	\$	CAR (insurance, payment) / BUS FARE	\$
	OTHER:	\$	MEDICAL BILLS	\$
	OTHER:	\$	OTHER:	\$
	TOTAL EXPENSES:			\$

ASSETS	LIQUID ASSETS - List all assets and other valuable property that is readily liquidated; if it does NOT apply, write '0'			
	ASSET:	\$ VALUE	ASSET:	\$ VALUE
	CASH/ SAVINGS (NET OF BAIL)	\$	STOCK(S) AND BOND(S)	\$
	CREDIT AVAILABLE - CARDS	\$	RETIREMENT	\$
	LINE OF CREDIT (other than cards)	\$	OTHER:	\$
	TOTAL ASSETS:			\$

TOTAL DISPOSABLE INCOME PLUS LIQUID ASSETS:		\$
Is Monthly Disposable Income PLUS Total Liquid Assets less than or equal to cost for private counsel? <input type="checkbox"/> NO - STOP - NOT QUALIFIED <input type="checkbox"/> YES		

AFFIDAVIT OF INDIGENCY

I certify under penalty of perjury that all the information presented above and any supporting documentation, to the best of my knowledge and belief, is true and accurate in support of my inability to hire a private attorney.

I further authorize the Office of the Public Defender to access the unemployment insurance records maintained by the Maryland Department of Unemployment Insurance, and to use such information in determining my eligibility for services

Applicant Signature Type Name Here

Date

QUALIFICATION DECISION: ELIGIBLE

INELIGIBLE

Intake Signature

Date

DPD (or Designee) Signature

Date