

APPLICATION FOR LEGAL SERVICES
OFFICE OF THE PUBLIC DEFENDER
 275 Ponahawai Street, Suite 201 Hilo, HI 96720
 Tel. No. (808)974-4571 Fax No. (808)974-4574

NOTE: You are responsible for calling to follow up on your application.

IMPORTANT: Fill in ALL blanks, even if the answer is "0," "none," or "N/A." If you are mailing or faxing this application, you need to include your court paper.

NAME:

 Last First Middle
 Date of Birth: _____ Male Female
MAILING ADDRESS: _____

 Home phone No.: _____ Cell: _____
 Message / alternate phone number: _____
 ALTERNATE ADDRESS: _____

ESTIMATE THE FOLLOWING ASSETS: (ALL BLANKS MUST BE FILLED IN)
 Home owner:
 Current market value: \$ _____
 Mortgage loan balance: \$ _____
 Savings account: \$ _____
 Checking account: \$ _____
 Other account (IRA, etc.): \$ _____
 Vehicle #1: \$ _____
 Vehicle #2: \$ _____
 Tax refund: \$ _____
 Other assets (antiques; jewelry; motorcycle; boat; etc.): \$ _____

INVESTMENTS:
 Stocks: \$ _____
 Bonds: \$ _____
 Real estate: \$ _____

MARITAL STATUS:
 Single Married Divorced
 Number of dependents: _____
 Are you a U.S. citizen? Yes No
 Do you need an interpreter? Yes No
 If Yes, what language? _____
 Are you employed? Yes No
 Occupation: _____
 Employer: _____

ESTIMATE YOUR MONTHLY EXPENSES: (ALL BLANKS MUST BE FILLED IN)
 Mortgage: \$ _____ Child care: \$ _____
 Rent: \$ _____ Child support: \$ _____
 Utilities: \$ _____ Alimony: \$ _____
 Food: \$ _____ Medical/dental: \$ _____
 Gasoline: \$ _____ Other: \$ _____

INCOME (ALL BLANKS MUST BE FILLED IN):
 What is your average monthly take-home pay? ⇒ \$ _____
 What is your spouse's average monthly take-home pay? ⇒ \$ _____

OTHER DEBTS (if more space is needed, continue on back):
 Creditor: _____
 Balance owed: \$ _____ Monthly payment: \$ _____
 Creditor: _____
 Balance owed: \$ _____ Monthly payment: \$ _____
 Creditor: _____
 Balance owed: \$ _____ Monthly payment: \$ _____

DO YOU RECEIVE ANY OF THE FOLLOWING:
 Food stamps No Yes ⇒ \$ _____
 Welfare benefits No Yes ⇒ \$ _____
 Social Security benefits No Yes ⇒ \$ _____
 Workers' Comp. No Yes ⇒ \$ _____
 Unemployment No Yes ⇒ \$ _____
 Pension No Yes ⇒ \$ _____

FOR OFFICE USE ONLY:
NCD INFO: _____ **IV:** _____
 FOR DECISION: accept reject
 need more info:
 CONFLICT, to wit: _____
 What did you instruct Applicant to do?

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

X

 YOUR SIGNATURE DATE