



ASSIGNED COUNSEL PROGRAM

Today's Date: _____

AOD _____ **AOC** _____

Custody: _____ **Non-Custody:** _____

Client's Name: _____
AKA: _____
Address: _____
Phone Number: _____
Email: _____
Date of Birth: _____
Country of Birth: _____
Veteran?: _____

Attorney: _____
Arrest Date: _____
Issuance of Appearance Ticket/Summons: _____
Court/ Judge: _____
Indictment/File #: _____
Charges: _____
Co-Defendants: _____
Next Court Date: _____

Bail: Cash: _____ Bond: _____ RUS: _____ ROR: _____ Superior Court Bail: _____ 730 Exam: _____

Condition of Release: D/A _____ Mental Health: _____

Adolescent Offender: _____ Juvenile Offender: _____

DISPOSITION: No disposition at arraignment Dismissal ACD Guilty plea, top charge
 Guilty plea, lesser charge Other: _____

Referral to LEAD Social Work Program? Yes No

EMPLOYMENT AND PUBLIC ASSISTANCE

Public Assistance, SSI, Food Stamps (Snap) or Medicaid? (Circle One or more)

ID#: _____

Employment/SSD? Yes or No

How many in Household (including client)?: _____

Income Per Week (Net)?: _____

Total Amount in Checking and Savings Accounts?: _____

Pensions and Annuities?: _____

Other Income Amounts (Exclusive of Child Support or Alimony)? _____

MONTHLY EXPENSES

Rent: \$	Car Payments: \$
Child Care: \$	Medical Expenses: \$
Child Support Paid: \$	Alimony Paid: \$
Other: \$	Other: \$
Total Expenses: \$	

OUTCOMES: None Order of protection (If OP, party protected?) _____

Driver's license suspended? Other: _____

Instructions for Assigned Counsel provided? Yes / No Getting private attorney? Yes/ No

Refused or Waived representation at arraignment? Yes/ No Was an Attorney Assigned from the Bench? Yes / No

Date: _____

Client's Signature: _____