



ASSIGNED COUNSEL PROGRAM

THIS FORM MUST BE, E-MAILED TO VKUBIAK@ASSIGNED.ORG OR BROUGHT IN PERSON TO 403 MAIN STREET, SUITE 215 NO LATER THAN 24 HOURS AFTER ARRAIGNMENT.

CLIENT/CASE INFO FORM

DATE OF ARRAIGNMENT: _____

INTERPRETER? Language _____

ARRAIGNING ATTORNEY: _____ COURT: _____

Client's Name: _____ Arrest Date: _____

AKA: _____ Indictment/File #: _____

Date of Birth: _____ Co-Defendants: _____

Address: _____ Charges: _____

Phone Number: _____ Email: _____

Next Court Date/Time: _____

Refusal Hearing Date _____ Hardship Hearing Date (if applicable) _____

License Suspended:

DEMOGRAPICS

Country of Birth: _____ Status if Not US Born: _____

Ethnicity: _____ Gender: _____

Veteran? (Branch): _____ Employed: _____

In School? (where): _____

On Parole:

On Probation:

Client was Non-Citizen (Needs RIAC Referral)

CUSTODY STATUS

ROR: RELEASE CONDITIONS (IF ANY) _____

JUDGE SET BAIL: FORM/AMOUNT: _____

REASON BAIL WAS SET: _____

CLIENT NAME:

DOB:

ACP SERVICES

I REQUIRE A LEAD SOCIAL WORK REFERRAL:

I REQUIRE AN INVESTIGATOR REFERRAL:

ORDERS OF PROTECTION

ORDER OF PROTECTION ISSUED: NO CONTACT NO OFFENSIVE CONTACT

PROTECTED PARTY(s) _____

OTHER OPEN CASES AND COURT

OTHER NOTES

