



ASSIGNED COUNSEL PROGRAM

Today's Date: _____

THIS FORM PLUS ACCUSATORIES/NCIS/COURT PAPERWORK MUST BE SCANNED AND E-MAILED TO [MELISSA.POPPLE@ASSIGNED.ORG](mailto:Melissa.Popple@Assigned.org) OR BROUGHT IN PERSON TO 403 MAIN STREET, SUITE 215 NO LATER THAN 24 HOURS AFTER ARRAIGNMENT.

SUPERIOR COURT AOD CLIENT/CASE INFO FORM

Custody: Non-Custody: INTERPRETER? Language _____

THIS IS AN EXTRADITION MATTER: RETURN DATE: _____

DID CLIENT WAIVE EXTRADITION? YES NO

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: _____

DEMOGRAPICS

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

Ethnicity: _____ Gender: _____

Veteran? (Branch): _____ Employed: _____

In School? (where): _____

On Parole:

On Probation:

ROR: RELEASE CONDITIONS (IF ANY) _____

Client Held/Bail Form/Amount: **ORF SUPERIOR COURT BAIL MOTION REQUIRED**

(A) CASH:

(F) Partially Secured Appearance Bond:

(B) Bail Bond:

(G) Unsecure Surety Bond:

(C) Property Bond:

(H) Unsecured Appearance Bond:

(D) Property Appearance Bond:

(I) Credit Card (<\$2500):

(E) Partially Secured Surety Bond:

Superior Court Bail-REMAND

DETAINER: (SPECIFY) _____

CLIENT NAME:

DOB:

730 Exam: REMAND OUT OF CUSTODY

ORDER OF PROTECTION ISSUED: NO CONTACT NO OFFENSIVE CONTACT

PROTECTED PARTY(s)_____

CRAWFORD HEARING REQUESTED: **DATE OF HEARING:**_____

OTHER OPEN CASES AND COURT:_____

FINAL CHECKS

Instructions for Assigned Counsel provided?

Communicated May Retain?

Attorney Assigned from the Bench? **Attorney:**

Client was Non-Citizen (Needs RIAC Referral)

ARRAIGNING ATTORNEY NOTES FOR REPRESENTING ATTORNEY: