

Approved by _____

DNQ by _____

SAN LUIS OBISPO DEFENDERS

Primary Public Defender

County of San Luis Obispo

Next Court Date _____

Dept.# _____

Case# _____

San Luis Obispo Defenders helps those who cannot afford legal representation in their criminal cases. The information you provide in this form will help us understand how we can help you. All information will be kept confidential. If there is a 'no' answer to any of the below questions, please mark "0" or "N/A".

CONFIDENTIAL INTAKE & FINANCIAL DECLARATION

Full Name: _____ Date of birth: _____ Gender Identity: _____

Address: _____ City: _____ State/Zip: _____

Telephone: _____ Email: _____

Are you currently experiencing homelessness? Yes No

Is English your primary language? Yes No If no, what is your primary language: _____

Marital Status: Single Married Separated Divorced

Number of Dependents: _____ Relationship and Ages(s): _____

Are you a Veteran: Yes No If yes, which branch: _____ Discharge Date: _____

EMPLOYMENT

SELF

Employer Name: _____

Address: _____

Supervisor/telephone: _____

Take Home Pay: \$ _____

Monthly Weekly Bi-Weekly Annually

SPOUSE/PARTNER

Employer Name: _____

Address: _____

Supervisor/telephone: _____

Take Home Pay: \$ _____

Monthly Weekly Bi-Weekly Annually

EXPENSES/INCOME

Monthly Expenses

(Self & Spouse/Partner)

Rent: \$ _____

Utilities: \$ _____

Food: \$ _____

Mortgage: \$ _____

Vehicle Loan Payment: \$ _____

Insurance Payment: \$ _____

School: \$ _____

Other Expenses: _____

Expense: _____ \$ _____

Other Monthly Income/Assets

(Self & Spouse/Partner)

Child Support: \$ _____

Retirement Benefits: \$ _____

Disability: \$ _____

Social Security/SSI/SSDI \$ _____

CalWORKS/GR/CAPI: \$ _____

Unemployment: \$ _____

Real Estate: Yes No

Location: _____ \$ _____

Amount in checking/savings: \$ _____

I certify under penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge.

Date: _____ Signature: _____