

ORANGE COUNTY PUBLIC DEFENDER "NEW LEAF" APPLICATION

Personal Information				
First Name	Middle Name	Last name	Other names used	
Date of Birth	Place of birth	Social Security #	CDL#	Today's Date

Contact Information				
Street Address	Apt. #	City	Zip Code	
Phone	Alt. Phone		Email address	

May we leave a message for you at these contact numbers if you do not answer? **No** **Yes**

Case Information				
O.C. Case # or date	Additional case	Additional case	Did the Public Defender represent you on this case?	
			No <input type="checkbox"/> Yes <input type="checkbox"/>	

Have you had any other arrests or convictions from other counties? If yes, please complete below:

Date	Arrest or Conviction	County	Charges/conduct

Current Information	
Are you currently on probation?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently on parole?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently serving a sentence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently charged with a crime?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Which of the following types of relief are you interested in?	
<input type="checkbox"/>	Seal and Destroy Arrest (I am factually innocent)
<input type="checkbox"/>	Early Termination of Probation (I am on probation and can provide good cause for early termination)
<input type="checkbox"/>	Reduce Felony to Misdemeanor (I am on probation, but when my conviction occurred, there was an agreement I could reduce my felony to a misdemeanor or (I am no longer on probation and would like my felony reduced)
<input type="checkbox"/>	Dismissal Pursuant to 1203.4 of the California Penal Code (formerly known as "expungement")
<input type="checkbox"/>	Certificate of Rehab & Pardon (I was on probation and my conviction was expunged) or
<input type="checkbox"/>	Certificate of Rehab & Pardon (I was not on probation, I served a State Prison Sentence)

Insert name of court, judicial district or branch court, if any, and post office and street address: 	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA Defendant:	
DEFENDANT'S FINANCIAL STATEMENT AND NOTICE TO DEFENDANT <input type="checkbox"/> ELIGIBILITY FOR APPOINTMENT OF COUNSEL <input type="checkbox"/> REIMBURSEMENT FOR COST OF COURT APPOINTED COUNSEL	CASE NUMBER:

1. a. Defendant's name: d. Date of birth:
 b. Other names used: e. Telephone number:
 c. Address: f. Driver's license number:

2. I am am not married.

3. a. Spouse's name: d. Date of birth:
 b. Other names used: e. Telephone number:
 c. Address: f. Driver's license number:

4. Defendant's Present Employment:
 a. Occupation:
 b. Name of employer:
 c. Address:
 d. Gross pay per month: \$ _____ week: \$ _____ day: \$ _____
 e. Take home pay per month: \$ _____ week: \$ _____ day: \$ _____
 f. Name of union:
 g. Name of credit union:

5. If you are not now working, state the name and address of your last employer and the last day you were employed.
 a. Name:
 b. Address:
 c. Last date of employment:

6. Spouse's Present Employment:
 a. Occupation:
 b. Name of employer:
 c. Address:
 d. Gross pay per month: \$ _____ week: \$ _____ day: \$ _____
 e. Take home pay per month: \$ _____ week: \$ _____ day: \$ _____
 f. Name of union:
 g. Name of credit union:

7. If spouse is not now working, state the name and address of spouse's last employer and the last day spouse was employed.
 a. Name:
 b. Address:
 c. Last date of employment:

8. DEPENDENTS

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
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(Continued on reverse side)

OTHER MONTHLY INCOME

9. <u>Defendant</u>		<u>Spouse</u>
a. Unemployment and disability	\$ _____	a. Unemployment and disability
b. Social Security	\$ _____	b. Social Security
c. Welfare, AFDC	\$ _____	c. Welfare, AFDC
d. Veteran's benefits	\$ _____	d. Veteran's benefits
e. Worker's Compensation	\$ _____	e. Worker's Compensation
f. Child support payments	\$ _____	f. Child support payments
g. Spousal support payments	\$ _____	g. Spousal support payments
h. All other income not elsewhere listed	\$ _____	h. All other income not elsewhere listed
	Total: \$ _____	Total: \$ _____

EXPENSES

10. Monthly expenses being paid by defendant alone or by defendant and spouse

a. Rent or house payment	\$ _____	f. Clothing and laundry	\$ _____
b. Car payments	\$ _____	g. Food	\$ _____
c. Transportation payments	\$ _____	h. Support payments	\$ _____
d. Medical and dental payments	\$ _____	i. Insurance payments	\$ _____
e. Loan payments	\$ _____	j. Other payments (union, taxes, utilities)	\$ _____
		Total (a-j):	\$ _____

11. Installment Payments, other than listed in item 10.

<u>Name of Creditor</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
a.	a. \$ _____	\$ _____
b.	b. \$ _____	\$ _____
c.	c. \$ _____	\$ _____
d.	d. \$ _____	\$ _____
e.	e. \$ _____	\$ _____
	Total: \$ _____	Total: \$ _____

ASSETS

12. What do you own? (State value.)

a. Cash:	a. \$ _____	
b. House equity:	b. \$ _____	
c. Cars, other vehicles and boat equity: (List make, year and license number of each)	c. \$ _____	
d. Checking, savings and credit union accounts: (List name and account number of each)	d. \$ _____	
e. Other real estate equity:	e. \$ _____	
f. Income tax refunds due:	f. \$ _____	
g. Life Insurance Policies (Ordinary life-face value):	g. \$ _____	Length of ownership
h. Other personal property (Jewelry, furniture, furs, stocks and bonds, etc.)	h. \$ _____	
	Total: \$ _____	

13. **ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO DEFENDANT:** If an attorney is appointed to represent you the court will, at the conclusion of the criminal proceedings, after a hearing, make a determination of your ability to pay all or a portion of the cost of the attorney. If the court determines that you are at that time able to pay, the court will order you to pay all or part of such cost. Such an order will have the same force and effect as a judgment in a civil action and will be subject to execution.

Declaration of Defendant

I declare under penalty of perjury that the foregoing is true and correct and that I understand the notice contained in item 13, and that this declaration was executed on

(Date): at (County):, California.

(Signature of Defendant)

WORKSHEET

This questionnaire will be used to assist us in preparing a statement to the judge. Please answer the questions on this form as completely as possible and return it to the New Leaf Program, Orange County Public Defender.

We will also need you to provide us with the following:

- 3 to 5 character reference letters of addressed to *The Honorable Judge of the Court* from friends, family, employers, clergy, etc.
- Any school transcripts or diplomas (if you have attended school since your conviction)
- Any certificates of completion for rehabilitation or vocational programs (if you have attended any since your conviction)
- Community service documentation (if you were ever required to perform such service)
- Any other documentation you feel may help your case.

1. Why do you want Early Termination of Probation/Felony Reduction/Dismissal/
Certificate of Rehabilitation/Pardon?

2. How has your criminal record hurt your life?

3. How long has it been since your last *conviction* in any county?
year(s)

4. How long has it been since your last arrest in any county?
year(s)

5. Describe your past lifestyle and why you believe it caused your criminal offenses.

