

Date: _____ Page: _____ Applied: _____ Appointed: _____

ASA: _____ Score: _____ Offer: _____

OFFICE OF THE PUBLIC DEFENDER

Name _____ D.O.B. _____
Last Name First Middle

Address: _____

City State Zip

Phone: _____
Home Cell Other

Next Court Action & Intake Info

Court Date: _____	Case Dispo: _____; Status Check: _____;
Time: _____	Cal Call: _____; Non Jury Trial: _____;
Division: _____	Jury Trial: _____; Sentencing: _____;
	Other: _____
Defendant on Probation/ Parole: No _____ Yes _____	Pending Charges: No _____ Yes _____
Defendant in Custody: No _____ Yes _____	Felony _____ and/or MM _____
Immigration Status: _____	
Veteran: No _____ Yes _____	

Mental Health Issues: _____

Physical Disabilities: No _____ Yes _____

Comments: _____

Case No.: _____ Charge _____

(Fill out only if _____

clerk sheet not _____

attached) _____

OPEN/CLOSE _____ DISPOSITION/ SENTENCE _____

ATTORNEY: _____ Reset Because: _____