

Approved by _____

DNQ by _____



County of Santa Barbara Office of the Public Defender

Next Ct. Date: _____, 20____

Dept. # _____

Case # _____

The Public Defender's Office helps those who need legal support in their 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 no answer to any of the below questions, please mark "0" or "N/A".

PLEASE NOTE: This form has two sides, please complete both the front and back before returning it .

CONFIDENTIAL INTAKE AND FINANCIAL DECLARATION

Personal Information

Full Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State & Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

I would like to be enrolled in Uptrust to receive text messages about upcoming court hearings and office appointments

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 Common-Law

Number of Dependents: _____ **Relationship and Age(s):** _____

Are you a veteran?: Yes No **If yes, which branch:** _____ **Discharge Date:** _____

Demographics

Please be sure to check only one option for race, gender identity, and gender pronouns

Race/Ethnicity: American Indian or Alaskan Native Black or African American Native Hawaiian or Pacific Islander

Asian Hispanic/Latinx White Middle Eastern/North African

Different Race, Please State: _____ Decline to State

Gender Identity: Female Male Transgender Female Transgender Male Non-Binary

Different Identity, Please State: _____ Decline to State

Gender Pronouns: She/her/hers He/him/his They/them/theirs

Different Pronouns, Please State: _____ Decline to State

FLIP OVER

Employment

Self

Employer Name: _____

Address: _____

Length of Time: _____

Supervisor: _____

Take Home Pay: \$ _____

Monthly Weekly Bi-Weekly Annually

Spouse/Partner

Employer Name: _____

Address: _____

Length of Time: _____

Supervisor: _____

Take Home Pay: \$ _____

Monthly Weekly Bi-Weekly Annually

Expenses / Income

Monthly Expenses (Self & Spouse/Partner)

Rent: \$ _____

Utilities: \$ _____

Food: \$ _____

Mortgage: \$ _____

Child Support: \$ _____

Vehicle Loans/Payment: \$ _____

Insurance Payment: \$ _____

Medical Payment: \$ _____

Court fines, fees: \$ _____

Other Expenses (describe below):

Expense: _____ \$ _____

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 Account: \$ _____

Amount in Savings Account: \$ _____

Other Savings: \$ _____

Other Income or Assets, valued at: \$ _____

I certify under penalty of perjury under the laws of the state of California that all of the above is true and correct.

Date: _____

Signature: _____