



County of Santa Barbara Office of the Public Defender

FRESH START INTAKE SHEET

Full Name: _____ **SSN:** _____

Other names that might be on your record: _____ **Place of Birth:** _____

Date of Birth: ____/____/____ **Driver's License/State ID #:** _____

Primary Language: English Spanish Mixteco Other: _____

Phone Number: _____ **Is it okay to leave a voice message:** yes no

Alternate Number: _____ **Is is okay to leave a voice message:** yes no

Email Address: _____

Mailing Address: _____

Preferred Method of Communication: Email Phone Text

Are you currently on probation or parole: yes no unsure **If yes, where:** _____

Primary Purpose: Employment Housing Government Benefits Licensing
Other: _____

Convicted in Santa Barbara County: yes no **If yes,:** Santa Barbara Santa Maria Lompoc

Case Number(s), if known: _____

My conviction was a: Felony Misdemeanor Unsure **Was it marijuana related:** yes no

Granted probation: yes no **Completed probation with no violations:** yes no unsure

I paid all fines/fees/restitution: yes no unsure

If you are unsure please contact probation and the courts to find out, see expungement info sheet for contact information.

SANTA BARBARA
1100 ANACAPA STREET
SANTA BARBARA, CA 93101
P:(805) 568-3470 F:(805) 568-3564

SANTA MARIA
312-P EAST COOK STREET
SANTA MARIA, CA 93454
P:(805) 346-7500 F:(805) 614-6735

SANTA MARIA JUVENILE
4285 CALIFORNIA BLVD., SUITE C
SANTA MARIA, CA 93455
P:(805) 934-6944 F:(805) 934-6945

LOMPOC
115 CIVIC CENTER PLAZA
LOMPOC, CA 93436
P:(805) 737-7770 F:(805) 737-7881

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

Dependent Information

Marital Status:

Single Married Separated Divorced Common-Law

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

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: _____