Criminal Court Financial

Client Info

Was the client represented at arraignment?   Yes   No

Name (current and previous): [_____]   Date: [_____]

DOB: [_____]   Phone: [_____]   Arraignment Judge: [_____]

Mailing Address: [_____]

Email: [_____]   Court of Original Jurisdiction: [_____]

Arraignment Attorney: [_____]   Assigned Attorney: [_____]

Have you ever served in the military?   Yes   No   Arraignment Program: [_____]

Financial Information

Number of Financial Dependents in the household (including client): [_____]

Presumption of Eligibility:

A) Total NET (after taxes) weekly income: $ [_____]   Source (employer, SSD, etc.) [_____]

   Using the FPG income chart, is the client's income at or below 250% of the FPG?

B) **Following arraignment,** is the client in jail, detained, or confined to a mental health facility?

C) Is the client receiving, pending, or approved for public assistance (SNAP, Medicaid, etc.)?

D) Has the client been found eligible for Assigned Counsel within the past year?

E) Do you own any real estate?   Yes   No

   Is this your primary residence?   Yes   No

   Current Market Value (estimate) $ [_____]   Amount Owed $ [_____]

F) Do you own a vehicle that's not used for basic life necessities?   Yes   No

   Current Market Value (estimate) $ [_____]   Amount Owed $ [_____]

> **IF THE ANSWER TO A, B, C, or D is YES, the client is presumed eligible. Please be sure to answer A-F completely before submitting the SIGNED form to ACP. See below for instructions on signing and a brief explanation of client rights. IF THE CLIENT IS NOT PRESUMPTIVELY ELIGIBLE, PROCEED WITH THE "ASSETS" and/or "EXPENSES" PORTION OF THE APPLICATION.**

Assets: (check all that apply)

   Bank Account Balance $ [_____]   Stocks, Bonds Value $ [_____]

   IRA/401(k) Balance $ [_____]   Other assets (specify) [_____]

                                                          Value $ [_____]

Expenses:

[___] Food   [___] Housing   [___] Utilities   [___] Medical Bills

[___] Child Care   [___] Medical Insurance   [___] Education Loans

[___] Child Support   [___] Transportation   [___] Spousal Support you pay

Signatures

I authorize release of information provided herein to the OCBA Assigned Counsel Program, Inc. (ACP), or the Court, or their designated agents. **I acknowledge that, in the event that I do not qualify, I can request that the assigned counsel program reconsider my eligibility, or I can appeal to the court, or both.**

Date:

ATTORNEY: If the client is unable to sign this form for any reason, please read the following statement to them and sign, indicating that the statement was read to the client.

By completing this application with me, you authorize release of information provided herein to the OCBA Assigned Counsel Program, Inc. (ACP), or the Court, or their designated agents. **You acknowledge that, in the event that you do not qualify, you can request that the assigned counsel program reconsider your eligibility, or you can appeal to the court, or both.**

Date:

CASE

Client Info

Was the client born in the United States?   Yes   No

Name (current and previous): [_____]   Date: [_____]

SS #: [_____]   Arraignment Judge: [_____]

Male   Female   DOB: [_____]   Court of Original Jurisdiction: [_____]

Arraignment Attorney: [_____]   Assigned Attorney: [_____]

General Info

Check box if: (please check all that apply)

Client was in custody before arraignment   Arraignment was a result of a bench warrant

Arraignment was the result of an appearance ticket

DR NUMBER	TOP CHARGE

Bail and Release Arguments

Defense Release Argument (check all that apply):   **Did you move to dismiss?**

ROR   PTR/RUS   None   Not Applicable   Yes, motion was granted

Lower Bail $[_____]   Yes, motion was denied

Alt. Bail § 520.10 (b)-(i) [_____]   Yes, adjourned

ADA Release Argument/ Judge Decision: No   Not applicable

Was the DA Present at arraignment?:   Yes   No

Did the DA request bail?   Yes $[_____]   No   Check if bail was posted at arraignment

Did the judge set bail?   Yes $[_____]   No

Disposition

Guilty plea, top charge   Dismissal

Guilty plea, lesser charge   ACD

No disposition at arraignment

Other [_____]

Release Status

Remanded (on bail)   PTR/RUS

Remanded (530 or 730)   ROR

Other [_____]

Other Outcomes

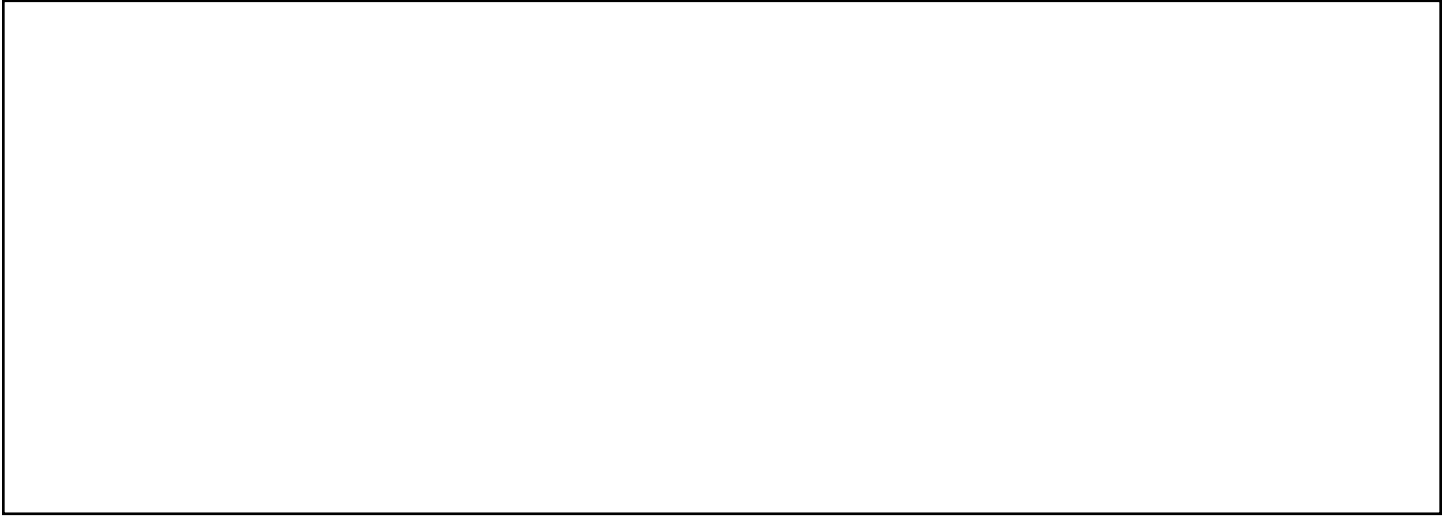Order of Protection   None   Driver's License Suspended

Next Court Date: [_____]   Time: [_____]

Returnable Court: [_____]   Returnable Judge: [_____]

Notes: