

BERRIEN COUNTY PUBLIC DEFENDER OFFICE

COUNSEL DETERMINATION:

FEE DETERMINATION:

Granted <input type="checkbox"/>	Retain: <input type="checkbox"/>	Self Rep. <input type="checkbox"/>
Denied <input type="checkbox"/>	Waive/Plea <input type="checkbox"/>	Refused Interv. <input type="checkbox"/>

<p><i>Client is fully indigent:</i></p> <input type="checkbox"/> NONE.	<p><i>Client is partially indigent:</i></p> <input type="checkbox"/> Reimbursement \$ _____ <input type="checkbox"/> Contribution \$ _____ <input type="checkbox"/> Defer decision
--	--

CLIENT INTAKE

Authorized Rep. of Appointing Authority: _____ **Date of Interview:** _____

Client Name: _____ **DOB:** _____ **Email:** _____

Address: _____

Facts relevant to this address? (No contact safe?) _____

Phone: _____ **Married: Yes** **No** **Spouse name:** _____

Add'l Phone: _____ **Relationship:** _____

Add'l Phone: _____ **Relationship:** _____

Can afford to post in bond: _____ **Work hours:** _____

Violent convictions/FTA? _____

Mental/Physical health/medications? _____

Highest completed Educ. _____ **Military Serv./Discharge:** _____

Probation? Yes **No** **Parole? Yes** **No** **P.O. Name/contact:** _____

Hold? Yes **No** **If yes, details of hold?** _____ **Currently under sentence? Yes** **No** **Expl.** _____

COUNSEL QUALIFICATION

CURRENTLY APPOINTED THE PUBLIC DEFENDER? YES NO **REQUEST A PUBLIC DEFENDER?** YES NO

NET INCOME (take home pay): \$ _____ **weekly/monthly (circle)** SEASONAL? Yes. No.

Name/Address of Employer: _____

Public Assistance? _____ **# OF DEPENDENTS:** _____ **Child Supp. Obl./arrear \$** _____

BILLS: _____

Any other financial factors that should be known? _____

I will update this information if I experience a significant improvement in my financial circumstances:

Date: _____

Client sign: _____

ARRAIGNMENT DETAILS

Case No.	Bond Amt.	Type:
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S
	\$	<input type="checkbox"/> PR <input type="checkbox"/> 10% <input type="checkbox"/> C/S

<p>Bond Conditions:</p> <input type="checkbox"/> GPS <input type="checkbox"/> TAD <input type="checkbox"/> SCRAM <input type="checkbox"/> Soberlink <input type="checkbox"/> No alcohol/bars <input type="checkbox"/> No contr. subs. <input type="checkbox"/> Alcohol/drug test on demand <input type="checkbox"/> No contact with alleged victim and/or: _____ <input type="checkbox"/> May leave MI. Details: _____ <input type="checkbox"/> No assaults, etc. <input type="checkbox"/> No weapons <input type="checkbox"/> No driving <input type="checkbox"/> Verify address <input type="checkbox"/> Pretrial Services w/in 24 hrs. <input type="checkbox"/> Curfew _____ <input type="checkbox"/> Other _____

Notes: