

MISSOURI STATE PUBLIC DEFENDER

Application for Services for Children Under 18 Years Old

CHILD INFORMATION										
Last Name:			First Name:				Middle Initial			
SSN:			DOB:							
Address:						Apt/Ste #:				
City:			State:			Zip:				
Race:		Gender:		School and Grade:						
If in custody, where?										
Case Number:						County(ies) of Charges:				
We need to gather your parent's financial information. If not completing this application with parent, please provide a parent's phone number:										
*Application must be signed on page 2										
PARENT INFORMATION To be completed by parent										
Last Name:			First Name:				Middle Initial			
SSN:			DOB:							
Address:						Apt/Ste #:				
City:			State:			Zip:				
Cellphone:					Alternate Number:					
Email:										
How many children are currently under your care?										
Please list their ages:										
1. Are you currently employed?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of most recent employer:					
Date last employed:					Please list hourly wage/hours worked per week or monthly/yearly income:					
2. Do you own a home?		Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the value of your home and how much do you owe on your mortgage?						
3. Are you currently receiving Food Stamps, WIC, TANF, Medicaid, Public Housing, Childcare Assistance, or any other type of public assistance?								Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what type(s) of assistance:							Monthly amount(s):			
Parent #2 Income (if applicable)		Unemployment Compensation		Social Security		SSI or Disability (please specify)		Retirement or Pension		Other Income (please specify source)
\$		\$		\$		\$		\$		\$
Rent/Mortgage	Utilities	Car Payment	Food/Living Expenses		Child Care		Child Support	Medical Expenses	Other Expenses (specify)	
\$	\$	\$	\$		\$		\$	\$	\$	

*Any nonapplicable items should be marked "N/A"

*Application must be signed on page 2

By completing this application, you agree to the following:

- I understand that lying on this application constitutes a crime.
- I understand this Application and Promise to pay is not a confidential attorney-client communication. The Public Defender may provide it to other government authorities (including the court) for determining eligibility for services.
- I understand MSPD may contact government agencies, credit bureaus, employers, banks or other financial institutions to verify my financial situation.
- My signature constitutes authorization for release of this information to MSPD.
- I consent to MSPD utilizing electronic communication regarding my cases unless I have indicated otherwise by checking one or more of the following boxes: Do Not Text Do Not Email
- I understand that if accepted, I am entitled to my legal file at the conclusion of my case and that if I do not request my file within 10 years from the conclusion of representation, it may be destroyed.

Be advised that MSPD uses electronic communication, including but not limited to email and text messaging. Be aware that: (1.) electronic communication is not a secure method of communication; (2.) any electronic communication that is sent to you or by you may be copied and held by any or all computers or other devices through which it passes as it is transmitted; and, (3.) persons not participating in our communication may intercept our communications by improperly accessing either of our computers or other devices or another computer or device unconnected to either of us through which the electronic communication has passed. In the event you do not wish this form of communication, please notify MSPD; until such notification is received, MSPD may communicate with you electronically.

Signature of Child

Date

Signature of Parent

Date

Sec. 42.051 RSMo. requires agencies provide eligible veterans with information about the agency's veteran services. The Missouri State Public Defender does not offer its own specific veteran services, but offers services through the State of Missouri. You may find these services at <https://veteranbenefits.mo.gov> or <https://www.mo.gov/veterans/>

For MSPD Use Only – DO NOT COMPLETE

Approved _____ Denied _____ Signed: _____ Date: _____

Charges/Comments: _____