

APPLICATION FOR PUBLIC DEFENDER SERVICES FOR CHILDREN UNDER EIGHTEEN YEARS OLD
NOTICE: ALL RESPONSES ARE REQUIRED. PROVIDING FALSE INFORMATION ON THIS APPLICATION IS A CRIME.

CHILD INFORMATION

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ - _____ - _____ Date of Birth: ____ / ____ / ____
 Mail Address: _____ Apt/Ste#: ____ City: _____ State: ____ Zip: _____
 Cellphone: _____ Alt. Number: _____ Email: _____
 Name of School and Grade: _____

RACE			SEX	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Prefer not to respond	<input type="checkbox"/> Prefer not to respond	

CHARGE INFORMATION

Are you currently in custody?
 NO YES → Where? _____

Charges against you: _____
 Counties charged: _____
 Case Numbers: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ - _____ - _____ Date of Birth: ____ / ____ / ____
 Mail Address: _____ Apt/Ste#: ____ City: _____ State: ____ Zip: _____
 Cellphone: _____ Alt. Number: _____ Email: _____
 Marital Status: Single Separated Married → Spouse Name: _____

FOR COMPLETION BY PARENT OR GUARDIAN

- Do you have **ANY** financial means available to you to hire an attorney? (**Must** include **ALL** cash, savings, family support, trusts, investments, jewelry, livestock, machinery, and **ALL** equity in homes, properties, vehicles, or **ANY** other source of value)
 NO YES → Total \$ value: \$ _____ Description: _____
- Is your child currently represented by a private (paid) attorney on **ANY** ongoing matter?
 NO YES → Attorney Name: _____ Amount paid: \$ _____
- Are you receiving **SNAP, WIC, TANF, Medicaid, Public Housing, Childcare Assistance, Supplemental Security Income** or similar public benefits? (**Do NOT** include disability, unemployment, veteran's benefits or social security retirement/disability on this line.)
 NO YES → Types of benefits currently received: _____
- Has your child been represented by a Missouri State Public Defender in the past twelve (12) months (or currently)?
 NO YES → Attorney Name: _____ Counties: _____
- Are you currently employed or self-employed? (**Must** include **ALL** contract work, gig work, and odd jobs)
 NO → Most recent employer: _____ Date last employed: _____
 YES → Employer: _____ Monthly Income: \$ _____ **OR:** \$ _____ /hour and _____ hours/week
- Are you receiving any of the following sources of income? ? NO YES
MUST ANSWER ALL boxes below If yes, list the full monthly amount:

Spouse income	Disability payments	Retirement or Pension	Unemployment Compensation	Veteran's Benefits	Social Security Retirement/Disability	Other Income
<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓	<input type="checkbox"/> NO <input type="checkbox"/> YES ↓
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount

7. How many children are you legally required to provide for? _____ → please list their ages: _____

PARENT/GUARDIAN #2 Contact Information:

Last Name: _____ First Name: _____ MI: _____

SSN : _____ - _____ - _____ Date of Birth: ____ / ____ / _____

Mail Address: _____ Apt/Ste#: ____ City: _____ State: ____ Zip: _____

Cellphone: _____ Alt. Number: _____ Email: _____

By completing this application, you agree to the following:

- I understand that lying on this application constitutes a crime.
- I understand this Application 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 (**the child**) am entitled to my legal file at the conclusion of my case and that if I do not request my file within 6 years from the conclusion of representation, it may be destroyed.
- **I understand that providing false information on this application constitutes a crime.**

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>

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.

For MSPD Use Only – DO NOT COMPLETE Ineligible case Financial Means Private counsel Income Incomplete

Approved _____ Denied _____ Signed: _____ Date: _____

NCD: _____ Division: _____ Confined/Bond: _____ Location _____

Charges/Comments: _____