



New Jersey Judiciary

Application for Public Defender

If you are charged with an indictable offense in New Jersey (called a felony in other states), you are entitled to be represented by an attorney, whether or not you can afford one. If you cannot afford an attorney, you can apply for a public defender and the court will decide if one can be appointed to represent you.

Complete the entire application form and submit the form through the Judiciary Electronic Documentation Submission (JEDS) system at <https://www.njcourts.gov/selfhelp/jeds.html>. There are instructions and a video that show how to file the completed document. These resources are located at njcourts.gov, on the Self Help Center page.

.On this application form, you must include information about your residence, criminal history, employment history and financial status. The court will evaluate your income and assets against your expenses and debts to determine if you meet the standards to qualify for a public defender.

If you qualify for a public defender, the court will let you know and the case will be referred to the New Jersey Office of the Public Defender (NJOPD) in the county where your case will be heard. The Deputy Public Defender in charge of that office will then assign an attorney to handle your case.

If court staff have any questions about your application, they will contact you by phone or email.



Uniform Defendant Intake - Superior Court of New Jersey

Approved for PD
 Yes No

Last Name			First Name			Middle Name			
Also Known As			SPN		SBI #		Driver's License Number		
Date of Birth		Age	Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Race		
Height	Weight	Eye Color	Hair Color		Distinguishing Marks				
Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No			Language				Hispanic or Latino		
Attorney's Name			Complaint Date		Arrest Date		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Police Agency			County		Court of Filing				
Commitment No.	Initial Bail Amount \$		Initial Bail Type <input type="checkbox"/> Full Cash/Bond <input type="checkbox"/> 10% Cash <input type="checkbox"/> Full Cash <input type="checkbox"/> Other _____			Bail/Release Status <input type="checkbox"/> ROR <input type="checkbox"/> Pretrial Release <input type="checkbox"/> Bail <input type="checkbox"/> Jail			
Charges			Complaint Numbers		PROMIS Numbers		Indictment/Acc.Number		
Codefendants' Names			Complaint Numbers		PROMIS Numbers		Indictment/Acc.Number		

1. Criminal History

Prior Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending Charges <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Residence

Number of Years in County: NJ: US:		Residence Status <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		How Long at Current Address	
Address					Zip Code
Name of Cohabitant		Relationship to Defendant		Residence Phone	Primary Mobile
Prior Address					Zip Code
Name of Cohabitant		Relationship to Defendant		Emergency Phone	Number of Dependents
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership			Pay Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Defendant's Email Address	
Does the Defendant have primary care of children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If Yes, has the Defendant made alternate care arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has alternate care information been obtained or referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defendant Supplemental Contact		Relationship to Defendant		Telephone Number	
Contact Person's Address					Zip Code
Comments					

Uniform Defendant Intake: Superior Court of New Jersey

Last Name	First Name	Middle Name
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7. Employment

Current Employer's Name and Address			
Occupation	Years / Months	Phone	
Skills	Salary	If Unemployed, How Long	How Supported
Previous Employer's Name and Address			From
			To
Employment Verification and Work History			

8. Financial Status

Net Monthly Income	\$	House(s) / Land Market Value	\$
Spousal / Cohabitant Contribution	\$	Value of All Motor Vehicles	\$
Unemployment / Disability	\$	Cash	\$
Social Security	\$	Current Balance Checking Accounts	\$
Veterans Administration	\$	Current Balance Savings Accounts	\$
Pension	\$	Civil Judgment Awards / Pending	\$
Public Assistance / Subsidies	\$	Current Value of Stocks / Bonds	\$
Child Support / Alimony	\$	Face Value of CDs / IRAs / 401Ks	\$
Food Stamps	\$	Money Market Accounts	\$
Housing Subsidies	\$	Retrievable Bail Amount & Location	\$
Trust Fund Income	\$		
Institutional Wages	\$	Other Assets	\$
Income From Rental Properties	\$	Other Assets	\$
Total Monthly Income: \$		Total Assets: \$	
Rent	\$	Mortgage Loan Balances	\$
Mortgage	\$	Vehicle Loan Balances	\$
Property Taxes	\$	Support Arrearage	\$
Child Support / Alimony	\$	Medical / Dental / Hospital Debts	\$
Paid Through Probation Dept. <input type="checkbox"/> Yes <input type="checkbox"/> No		Attorney Fees	\$
Vehicle Loans & Insurance	\$	Fines Owed to Other Courts	\$
Household Utilities	\$	Credit Card Balances	\$
Other Household Expenses	\$	Civil Judgments Owed	\$
Other Loans & Expenses	\$	Other Debts and Expenses	\$
Total Monthly Payments: \$		Total Debts: \$	

Financial comments including Defendants reported ability to pay court imposed assessments per month:

I Wish to Be Represented by Public Defender Private Counsel **Approved for PD:** Yes No

WARNING REGARDING CONFIDENTIALITY
 At the direction of the Assignment Judge acting on his or her own initiative, or in response to a valid grand jury subpoena with the approval of the Assignment Judge, this page (UDIR-3) may be produced to a grand jury and a prosecutor.

Certification

I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by R. 1:4-4(b).

Defendant's Signature	Date
Interviewer's Signature	Title
	Date