



New Jersey Judiciary

Application for Pro Bono Attorney Violation of a Restraining Order

If you are charged with violating a domestic violence restraining order in New Jersey (called a contempt), 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 pro bono attorney (attorney who provides free legal counsel) pursuant to the Supreme Court matter of *Madden v. Delran*, 126 N.J. 591 (1992) 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 pro bono attorney.

If you qualify for a pro bono attorney, the court will let you know and the case will be assigned through a *pro bono* computer system which is currently operated by the Administrative Office of the Courts. 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 |
|---|--|

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 |
|-----------|------------|-------------|

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 |