

LASSEN COUNTY PUBLIC DEFENDER QUESTIONNAIRE

1. FULL NAME: _____
LAST FIRST MIDDLE

2. OTHER NAMES USED: _____

3. MAILING ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

4. PHYSICAL ADDRESS: _____
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP

5. PHONES: CELL _____ HOME _____ WORK _____

If no home/work phone, is there someone else we may leave a message with?

MESSAGE PHONE # CONTACT / NAME

6. U.S. CITIZEN: YES _____ NO _____ DOCUMENTED: YES _____ NO _____

7. VETERAN: YES _____ NO _____

8. DO YOU RECEIVE ANY MENTAL HEALTH SERVICES: YES _____ NO _____

9. EMAIL ADDRESS: _____
(Optional- as an additional way of contacting you if necessary)

If your address or phone number changes, please contact our office and provide us with updated information, so that we may contact you with any changes regarding your case.

10. DATE OF BIRTH: _____ 11. SS#: _____

12. DRIVERS LICENSE #: _____ STATE: _____

11. YOUR NEXT COURT DATE: _____ TIME: _____