

SAN FRANCISCO PUBLIC DEFENDER
CLEAN SLATE PROGRAM APPLICATION

1. PERSONAL INFORMATION				
TITLE:	FIRST NAME:	MIDDLE NAME:	LAST NAME:	AKA:
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY NO:	TODAY'S DATE:	

2. CONTACT INFORMATION			
STREET:	APT:	CITY:	ZIP CODE:
PHONE:	ALT PHONE:	EMAIL:	

3. MISC INFORMATION			
HAVE YOU SUFFERED ANY OTHER ARREST OR CONVICTIONS FROM OTHER COUNTIES? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain below - required)			
Date	Arrest or Conviction	County	Type of Charge / Conduct

4. CURRENT INFORMATION	
PLEASE ANSWER THE FOLLOWING QUESTIONS	
Are you currently on probation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently on parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently serving a sentence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently charged with a crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you are not home, may an attorney leave a msg for you at your contact number(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How did you hear about the Clean Slate Program?	<input type="checkbox"/> Previous lawyer named: <input type="checkbox"/> Organization called: <input type="checkbox"/> Other, please explain:
What part of the Clean Slate Program are you interested in?	<input type="checkbox"/> Expungement - I am no longer on probation and want to have a conviction expunged. <input type="checkbox"/> End Probation - I am on probation and can provide the court with a very good reason why I should be allowed to end probation early. <input type="checkbox"/> Reduce a Felony to a Misdemeanor - I am on probation, but when my conviction occurred, there was an agreement that I could reduce my felony to a misdemeanor. <input type="checkbox"/> Seal and Destroy an Arrest - I am factually innocent and would like to seal and destroy an arrest record.

CLEAN SLATE

**PROGRAM FINANCIAL APPLICATION
(Required for all applicants)**

PLEASE PRINT
NAME:

LAST _____ FIRST _____ MIDDLE _____

Address: _____ City, State, Zip _____

Social Security No. _____ - _____ - _____ Phone (_____) _____

Birthdate: ____/____/____ Driver's License No. _____ State _____

Age: _____ Married or Living w/ Life Partner Separated Divorce Single

Are you employed? Yes No What is your ANNUAL GROSS INCOME? \$ _____

EMPLOYER'S NAME: _____ Address: _____
City, State, Zip _____ Work Phone: (_____) _____

I RECEIVE MONEY FROM: Welfare Disability Social Security Unemployment Relatives

TOTAL AMOUNT RECEIVED ANNUALLY: _____

Does anyone contribute to your monthly expenses? Yes No

Who? _____ Monthly Amount(s): \$ _____

Is your spouse employed? _____ SPOUSE'S ANNUAL GROSS INCOME: \$ _____

PLEASE LIST YOUR MONTHLY BILLS:

Amount of Rent/Mortgage/Utilities: \$ _____ Child/Spousal Support: \$ _____ Credit Cards \$ _____

Other Debt: _____ Do you own your own home? Yes No Value of Home: \$ _____

Number of persons you support _____ AMOUNT OF SUPPORT PER MONTH \$ _____

<u>NAME OF BANK:</u>	<u>CITY:</u>	<u>ACCOUNT BALANCE:</u>
BANK ACCOUNTS		

_____ \$ _____

_____ \$ _____

How much cash do you have? \$ _____

Do you or your spouse own an Automobile, Truck, RV, Trailer, Motorcycle or Boat?
 Yes No YEAR/MAKE: _____ APPROXIMATE VALUE: \$ _____

Do you or your spouse have any money coming from Tax Refunds, Lawsuits, Pensions, Trust Funds, an Estate, or any other compensations?
 Yes No AMOUNT EXPECTED: \$ _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT AT THE CONCLUSION OF MY CASE, THE COURT MAY ORDER A FEE HEARING TO DETERMINE MY PRESENT ABILITY TO PAY SOME OR ALL OF THE COST OF APPOINTED COUNSEL (CLEAN SLATE ATTORNEY). IF THE COURT FINDS I HAVE THE PRESENT ABILITY TO PAY, I UNDERSTAND I WILL BE ORDERED TO REIMBURSE THE COURTS AND THE CITY AND COUNTY OF SAN FRANCISCO FOR SUCH COSTS. THIS ORDER SHALL HAVE THE SAME EFFECT AS A CIVIL JUDGMENT AND SHALL BE ENFORCEABLE AGAINST MY PROPERTY AS ANY OTHER MONEY JUDGMENT.

SIGNATURE _____ DATE: _____



Office of the Public Defender
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Jeff Adachi
Public Defender

Teresa Caffese
Chief Attorney

RAP SHEET - FEE WAIVER FORM

**HALL OF JUSTICE
ID BUREAU**
850 Bryant Street
Room #475 - 4th Floor.
Monday - Friday
9:00 a.m. - 12:00 noon
1:00 p.m. - 3:00 p.m.

This is to certify that _____ is being represented by our office for an expungement of his/her arrest record. He/She is indigent and therefore entitled to a copy of his/her arrest record without costs.

DATED: _____

DEMARRIS R. EVANS
Deputy Public Defender
(415) 553-9337