

**PUBLIC DEFENDER SERVICE FOR THE DISTRICT OF COLUMBIA
OFFENDER REHABILITATION DIVISION**

CJA Conflict Form **Adult Referral Form** **ORD** Conflict Check

Date Received _____ Date Assigned _____ **ASSIGNED TO:** _____

Client _____ D.O.B. _____ S.S.# _____

Primary Language (If not English) _____

Regular Address _____

Telephone _____ D.C.D.C. _____ P.D.I.D. _____

Present Location _____

Docket No(s) _____ **Judge(s)** _____

Offense Date _____ Arrest Date _____

Charge(s) _____

Pending Cases (DC/VA/MD/INS/other) _____

Social File #/Document # _____

Attorney _____ Telephone _____ Fax _____

Address _____ Email _____

PSAPrg.? _____ Worker _____ Telephone _____

Client on Probation? _____ Parole? _____ Supervising C.S.O. _____ Telephone _____

Date & Time of Next Court Proceeding

Status Hearing _____ (:) Sentencing _____ (:)

Trial/Plea _____ (:) Post Sentencing _____ (:)

OTHER _____ (:)

Community Youth Act Study request

Attorney's Suggestions of Service Needs

Substance Abuse Treatment () Education/Voc/Employment ()

Mental Health Evaluation () Housing ()

Material Assistance ()

Other Service (please indicate) _____

REQUIRED Reports for ASSIGNMENT:

CASE SUMMARY MEMO Plus:

Memo Pretrial Services Report Police Report Revocation Report Other Reports

Fax completed forms to 202-824-2362. After reviewed, we will contact you for an intake appointment.