

**PUBLIC DEFENDER SERVICE FOR THE DISTRICT OF COLUMBIA  
OFFICE OF REHABILITATION AND DEVELOPMENT**

**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 \_\_\_\_\_

PSA Prg.? \_\_\_\_\_ 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 \_\_\_\_\_ ( : )

**Youth Rehabilitation 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