

**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