

New Jersey Judiciary Application for Pro Bono Attorney Violation of a Restraining Order

If you are charged with violating a domestic violence restraining order in New Jersey (called a contempt), you are entitled to be represented by an attorney, whether or not you can afford one. If you cannot afford an attorney, you can apply for a pro bono attorney (attorney who provides free legal counsel) pursuant to the Supreme Court matter of Madden v. Delran, 126 N.J. 591 (1992) and the court will decide if one can be appointed to represent you.

Complete the entire application form and submit the form through the Judiciary Electronic Documentation Submission (JEDS) system at https://www.njcourts.gov/selfhelp/jeds.html. There are instructions and a video that show how to file the completed document. These resources are located at njcourts.gov, on the Self Help Center page.

On this application form, you must include information about your residence, criminal history, employment history and financial status. The court will evaluate your income and assets against your expenses and debts to determine if you meet the standards to qualify for a pro bono attorney.

If you qualify for a pro bono attorney, the court will let you know and the case will be assigned through a *pro bono* computer system which is currently operated by the Administrative Office of the Courts. That Office will then assign an attorney to handle your case.

If court staff have any questions about your application, they will contact you by phone or email.

| Uniform Defendant Intake - Superior Court of New Jersey Approved for PD Yes No | | | | | | | | | | | | | | | | | |
|--|---------------|----------------------|-------|---------|-------|----------------------------------|-------------------|-----------------------|-------------|-------|--------------------------|--------------------|-----------------------------|-----------------------|------------------------------------|--|--|
| Last Name | | | | | | First Name | | | | | | | Middle Name | | | | |
| Also Known As | | | | | | SPN SBI # | | | | | Driver's License | | | e Number | | | |
| Date of Birth Age Social Security Number | | | | | | Sex | A [|] F | Race | | | | | | | | |
| Height | Weight | Eye Color Hair Color | | | | ı | | Distinguishing Marks | | | | | | | | | |
| Interpreter N | eeded | Yes 🗌 I | No La | inguage | | I | | | | | | Hispanic or Latino | | | | | |
| Attorney's Na | ame | | I | | | Co | mplaint [| Date | Arrest [| | | /eterar | teran / | | Active Military Duty | | |
| Police Agend | Police Agency | | | | | | | County Court of Filir | | | | | ng | | | | |
| Commitment No. Initial Bail Amount \$ | | | | | | | /Bond | d 🗌 10% Cash | | | | Bail/Release Statu | | | us ☐ Pretrial Release ☐ Jail | | |
| Charges | | · | | | 1 011 | Jash | | aint Numbers | | | PROMIS Numbers | | | Indictment/Acc.Number | | | |
| Codefendants' Names | | | | | | | Complaint Numbers | | | | PROMIS Numbers | | | Indictment/Acc.Number | | | |
| 1. Criminal History | | | | | | | | | | | | | | | | | |
| Prior Record Yes No Pending Charges Yes No | | | | | | | | | | | | | | | | | |
| 2. Resid | | | | | | 01.1 | | | | | | | | | | | |
| Number of Years in Residence Status County: NJ: US: | | | | | | | | Own | | Other | | | How Long at Current Address | | | | |
| Address | | | | | | | | | | | | | | | Zip Code | | |
| Name of Cohabitant Rela | | | | | | lationship to Defendant Residenc | | | | | nce Ph | none | ry Mobile | | | | |
| Prior Addres | S | | | | • | | | | | | | | | | Zip Code | | |
| Name of Cohabitant Rela | | | | | | lationship to Defendant Emerge | | | | | ency Phone Number of Dep | | | | idents | | |
| Marital Status Pay Support Defendant's Email Address Single Married Separated Divorced Widowed Civil Union Domestic Partnership No | | | | | | | | | | | | | | | | | |
| Does the Defendant have If Yes, has the Defendant Has alternate care primary care of children or other Yes No N/A dependents? Yes No N/A | | | | | | | | | | No | | | | | | | |
| Defendant S | upplemental C | Contact | | | | | R | elations | hip to Defe | ndant | | | Telephone N | umber | | | |
| Contact Pers | son's Address | | | | | | I | | | | | I | | | Zip Code | | |
| Comments | | | | | | | | | | | | | | | | | |

| Last Name First Name Middle Name 7. Employment Current Employer's Name and Address Phone Skills Salary If Unemployed, How Long How Supported Skills Salary If Unemployed, How Long How Supported Previous Employer's Name and Address From To Employment Verification and Work History From To 8. Financial Status Net Monthly Income \$ House(S) / Land Market Value \$ Social Security S Cash \$ \$ \$ Social Security \$ Current Balance Checking Accounts \$ \$ Persion \$ Civil Judgment Awards / Pending \$ \$ Public Assistance / Subsidies \$ Current Balance Savings Accounts \$ \$ Food Stamps \$ Money Market Accounts \$ \$ \$ \$ Food Stamps \$ Money Market Accounts \$ \$ \$ \$ Institutional Wages \$ Other Assets \$ \$ \$ \$ \$ \$ Institutional Wages< | Uniform De | efendant Intake | e: Su | perior Court of N | ew . | Jers | ey | | | |
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| | Certification | | | | | | | | | |
| I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by <i>R</i> . 1:4-4(b). | by a public defender, I am submitting this Finan | ncial Statement in supp | ort of my | application to establish inc | digenc | y, and | I am aware t | | | ted |
| Defendant's Signature Date | | | | · | | | | Date | | |
| Interviewer's Signature Title Date | Interviewer's Signature | | Title | | | | | Date | | |