

DEFENDANT'S PLEA AND INFORMATION SHEET

Defendant's Personal Info

Name	
Phone Number	
Street Address	
City, State, Zip	
Social Security #	
Driver's License #	
Date of Birth	

Household (who lives with you):

Name (list below)	Age

Are you or your children currently receiving any public assistance (check all that apply):

- | | |
|--------------------------------|--|
| <input type="radio"/> TANF | <input type="radio"/> Housing Assistance |
| <input type="radio"/> SSI | <input type="radio"/> SNAP/Food Assistance |
| <input type="radio"/> Medicaid | <input type="radio"/> Free and Reduced Lunch |

Personal Net Income (Monthly): _____

Employer: _____

If unemployed, for how long? _____

Are you now or, within the past six months, have been:

- homeless, or
- incarcerated (in jail), or
- residing in a mental health or other treatment program, or
- a full-time student

Check one:

- I hereby enter a plea of GUILTY and waive appearance for trial.
- I hereby enter a plea of NOLO CONTENDERE/NO CONTEST and waive appearance for trial.
- I hereby enter a plea of NOT GUILTY and waive my right to a jury trial and request a trial by judge.
- I hereby enter a plea of NOT GUILTY and request a trial by jury.

On this the _____ day of _____, 20__, by signing my name below, I swear, that all the above information about my financial condition is current, accurate, and true.

Defendant's Signature