MARYLAND OFFICE OF THE PUBLIC DEFENDER

NATASHA DARTIGUE
Public Defender
KEITH LOTRIDGE
Deputy Public Defender

CLIENT INFORMATION FORM

Case Number:	MID:

Name:	
Date of Birth:	SSN:
Address/Apt# City, State, Zip:	
Phone Number(s):	
I authorize communication through email correspondence: ☐ NO ☐ YES	
Email Address:	
Were you born OUTSIDE the U.S.?	☐ NO ☐ YES – Country:
Do you need an interpreter?	☐ NO ☐ YES – Language:
Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
Gender Identity:	☐ Man ☐ Woman ☐ Trans Man ☐ Trans Woman ☐ Genderqueer/Non-binary ☐ Self-Describe:
Sex Assigned at Birth:	☐ Male ☐ Female ☐ Intersex ☐ Self-Describe:
Preferred Pronouns:	☐ Him/His ☐ Her/Hers ☐ Their/Theirs ☐ Self-Describe:
Race/Ethnicity:	☐ American Indian or Alaska Native ☐ Asian/Asian American ☐ Black/African American ☐ Caucasian/White ☐ Hispanic/Latinx/Spanish ☐ Middle-Eastern/North African ☐ Native Hawaiian or other Pacific Islander ☐ Other ☐ Prefer not to answer
Contact Person/Phone Number:	Relationship:
Highest level of education completed:	Did you have an IEP or 504 in school? ☐ Yes ☐ No
Are you employed? ☐ Yes ☐ No	Employer:
Family Size (You & Legal Dependents):	Military Service: ☐ NO ☐ YES years/discharge:
Are you currently on probation/parole/ Conditional Release (Pretrial)?	☐ Parole ☐ Probation ☐ Conditional Release (Pretrial) Agent name/number:
Were you arrested with anyone else (co-def)?	☐ NO ☐ YES co-def's name(s):
Did you make any statements or sign a waiver?	☐ NO ☐ YES
Were there any witnesses? If yes, list name(s)/address(es)	☐ NO ☐ YES
Drug/Alcohol history: ☐ NO ☐ YES	Past treatment: ☐ NO ☐ YES / Current treatment: ☐ NO ☐ YES
List all treatment programs:	
Medical and/or Mental Health history: ☐ NO ☐ YES	
List all Mental Health treatments:	
Are you taking medication for emotional/ mental health reasons? ☐ NO ☐ YES	If yes, list medications:

NOTES