

SAN FRANCISCO PUBLIC DEFENDER

MANOHAR RAJU – PUBLIC DEFENDER
MATT GONZALEZ – CHIEF ATTORNEY



Clean Slate Application

The information you give us is **CONFIDENTIAL**. Please answer every question as completely as you can and we will respond within two weeks after your application is submitted.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Date of Birth: _____ **Social Security Number:** _____ **Driver's License Number:** _____

Address _____
Street Address City State Zip Code

Phone: _____ **Alternate Phone:** _____ **E-mail:** _____

Preferred Language:	Age:	Race/Ethnicity:	Citizenship Status:	Annual Household Income:	Top 3 Needs:
<input type="checkbox"/> English <input type="checkbox"/> Cantonese/Mandarin <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	<input type="checkbox"/> 18 - 24 yrs. <input type="checkbox"/> 25 - 30 yrs. <input type="checkbox"/> 31 - 40 yrs. <input type="checkbox"/> 41 - 50 yrs. <input type="checkbox"/> 51 - 60 yrs. <input type="checkbox"/> 61 - 65 yrs. <input type="checkbox"/> 65 yrs. +	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Undocumented	<input type="checkbox"/> \$0- \$10,000 <input type="checkbox"/> \$10,001-\$30,000 <input type="checkbox"/> \$30,001-\$53,000 <input type="checkbox"/> \$53,001-\$75,000 <input type="checkbox"/> \$75,001-\$112,000 <input type="checkbox"/> Over \$112,000	<input type="checkbox"/> Permanent Housing <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Employment <input type="checkbox"/> Healthcare <input type="checkbox"/> Food or Food Stamps <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Childcare Services <input type="checkbox"/> Other _____

	Yes	No
Have you previously been represented by San Francisco Public Defender's Office?	<input type="checkbox"/>	<input type="checkbox"/>
Has the San Francisco Public Defender previously represented anyone in your household?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently serving a sentence?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where and until when? _____		
Have you ever been arrested or convicted of a crime outside of San Francisco?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list all counties and dates: _____		
How many children under 18 live in your household? _____		
How did you hear about the Clean Slate Program? _____		
Is there anything else you would like us to know? _____		



Office of the Public Defender
City and County of San Francisco

Mano Raju
Public Defender

Matt Gonzalez
Chief Attorney

Authorization for Release of Information

I, _____, authorize the Clean Slate Program of the San Francisco Public Defender's Office to share my name, date of birth, social security number, San Francisco identifier number, Department of Justice identifier number, and court case number(s) and related offenses of arrest or conviction with the San Francisco District Attorney's Office for the purpose of obtaining a copy/summary report of my local San Francisco criminal history, my California Department of Justice statewide criminal history, and my Federal Bureau of Investigation criminal history.

I further authorize the San Francisco District Attorney's Office to obtain, review, and provide a copy/summary report of my San Francisco criminal history, my California Department of Justice statewide criminal history, and my Federal Bureau of Investigation criminal history, to the Clean Slate Program of the San Francisco Public Defender's Office for purposes of legal service and court representation.

Printed Name of Applicant

Signature of Applicant

Date

San Francisco Public Defender
Clean Slate Non-Citizen Legal Status Assessment

Please complete both pages of this form to the best of your ability.

Today's Date: _____ Full Name: _____

Date of Birth: _____ Country of Birth: _____

Preferred Language: _____ Alien Registration Number: _____

What is your immigration status?

LPR – Lawful Permanent Resident - **Please provide a copy of the front and back of your Green Card, even if it is expired**

LPR Since: _____

TPS – Temporary Protected Status

TPS Since: _____

Pending Petition - Please describe: _____

Approved Petition - Please describe: _____

Undocumented / No Papers

I don't know

Are you in deportation proceedings in immigration court? No Yes

Are you under ICE supervision? No Yes

Do you have an immigration attorney? No Yes

If so, please provide the immigration attorney's name, phone number and email:

Do you have an immigration court date? No Yes / Date: _____

Have you ever had a case in immigration court? No Yes

Have you ever been deported? No Yes / Number of times: _____

When did you first enter the USA? _____

Did you have permission to enter the USA? No Yes

Was this your only entry? No Yes

If you selected no, how many times have you entered and what dates?

If you entered through the border, have you ever been detained during your attempted entry? No Yes

If you have been detained, where and what dates? _____

Are you afraid of returning to your home country? No Yes

Have you ever been a victim of a crime in the USA? No Yes

If you have been a victim of crime, did you file a police report? No Yes

Has a family member ever filed an immigration petition for you? No Yes

If so, what type of petition? _____

Do any of your family members have a valid immigration status? No Yes

If yes, please list your family member(s) (spouse/partner, grandparent, parent, child, sibling), their immigration status (citizen, lawful permanent resident, or other), and their ages:

Is there anything else that you would like to inform us about your immigration goals? No Yes
