

# DEFENDANT APPLICATION

Date \_\_\_\_\_

Defendant's Name \_\_\_\_\_  
LAST FIRST MIDDLE Maiden \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Aliases/Nickname \_\_\_\_\_

Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How Long at Residence? \_\_\_\_\_ years  Own Home  Rent Home Apt. Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate (Cell.) Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver License/ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ MONTH DAY YEAR US Citizen:  Yes  No Place of Birth \_\_\_\_\_ CITY STATE

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Scars \_\_\_\_\_ Tattoos \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How Long in Las Vegas? \_\_\_\_\_ years \_\_\_\_\_ months Previously where? \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Union Member \_\_\_\_\_ Local # \_\_\_\_\_

Current Employer \_\_\_\_\_ How Long? \_\_\_\_\_ years \_\_\_\_\_ months

Employer Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Position/Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Previous Employer \_\_\_\_\_ How Long? \_\_\_\_\_ years \_\_\_\_\_ months

Employer Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Position/Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Single  Married  Separated  Divorced

Spouse's Name \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Cell. # \_\_\_\_\_ Employer \_\_\_\_\_

Employer # \_\_\_\_\_ Employer Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Auto/Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Paid For?  Yes  No

Registered to who? \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Previous Arrest: When? \_\_\_\_\_ Where? \_\_\_\_\_ Charges: \_\_\_\_\_

Bank \_\_\_\_\_  Checking  Savings

Credit Card:        

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## LIST THREE (3) PERSONAL REFERENCES

#1 Name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#2 Name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#3 Name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## RELATIVES

Father \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Mother \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Sibling \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Sibling \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Your Child \_\_\_\_\_ Age \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Father-In-Law \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Mother-In-Law \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

Other Relative \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
FIRST LAST

## I HAVE GIVEN PERMISSION TO VERIFY THE INFORMATION ON THIS APPLICATION.

Attorney's Name \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
SIGN NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE