

# CRIMINAL DEFENCE SERVICE PROGRAMME

I give the firm of Benjamin Solicitors (and the lawyers therein) the authority to represent me in this trial as my Defence Attorneys. I willingly provide the information below

- 1 FULL NAME .....
- 2 AGE (ADD DATE OF BIRTH) .....
- 3 NATIONALITY.....
- 4 IF NIGERIAN PROVIDE THE FOLLOWING:  
STATE.....  
LGA.....  
TOWN.....
- 5 PLACE OF WORK (IF ANY) .....
- 6 IF A TRADER (WHAT BUSINESS) .....
- 7 PERMANENT RESIDENT ADDRESS.....  
.....
- 8 NAMES OF RELATIVE.....
- 9 NAME OF SURETY.....
- 10 PHONE NUMBER OF SURETY.....
- 11 ANY PAST CRIMINAL RECORD: YES/NO
- 12 NATURE OF OFFENCE CHARGED.....
- 13 ANY PREVIOUS CONVICTION: YES/NO
- 14 IF YES, STATE
  - a. NATURE OF OFFENCE CONVICTED.....
  - b. TERM SERVED.....
  - c. DATE OF RELEASED.....
  - d. NATURE OF RELEASE: PAROLED/ TERM COMPLETION.....
- 15 I ACKNOWLEDGE THAT THIS IS A FREE LEGAL SERVICE AND I AM WILLING TO DISCLOSE TO THE ATTORNEYS ALL THE MATERIAL FACTS AND TRUTH ABOUT THE OFFENCE I AM CHARGED.
- 16 THAT I AM ALSO AT LIBERTY TO WITHDRAW THE SERVICES OF THE FIRM IF I AM NOT SATISFIED WITH THE LEGAL REPRESENTATION.
- 17 I ALSO AGREE THAT THIS REPRESENTATION IS ON THE GROUND THAT I CANNOT AFFORD LEGAL FEES AS MY MONTHLY INCOME IS BELOW N.....

SIGN..... DATE.....