

INSTRUCTIONS FOR PUBLIC DEFENDER APPLICANTS

(18 years of age and older)

1. The application must be completely filled out. It **can not** be mailed or faxed into the office unless it is from a prison or a detention facility.
2. The applications will only be accepted between **9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m.** in the Public Defender's Office
3. If you are incarcerated, you **MUST** provide your home address, not the prison.
4. The application **MUST** be signed where indicated. Your application will not be accepted unless it is completed and signed.
5. An applicant is eligible for Public Defender representation if, and only if, he or she is indigent and as a result, cannot afford to hire an attorney to represent him or her. Indigency is determined by a number of factors, including, but not limited to, income, assets and liabilities, nature of charges, and federal poverty guidelines.
6. As part of the application process, all applicants shall be required to submit the following information:

- Driver's License or Photo Identification**
- Criminal Complaint and Affidavit**
- Prior years Federal Income Tax Return**
- Pay stubs for last three weeks**
- Current social security or unemployment statements**
- Current welfare statements (food stamp or cash assistance)**
- Property tax for any and all property owned**
- Balance of mortgage on property**
- Car payment bill**
- If married, Federal Income tax for spouse**
- Letter stating financial support for those stating no income and a copy of the photo ID from the person providing financial support**
- Current financial information as requested**

**If financial information cannot be provided, you must provide a reason for your inability to provide this information.*

7. No application for Public Defender shall be approved unless and until the requested financial information is provided.
8. The Public Defender shall re-examine eligibility as deemed necessary.
9. If there are any changes in your financial circumstances, you are obligated to notify the Public Defender's Office immediately. Failure to do so can result in termination of Public Defender representation.

Date: _____

Applicant Name

Luzerne County
Application for Public Defender
20 N. Pennsylvania Ave. Wilkes-Barre, PA 18702
Telephone: (570) 825-1754 Fax: (570) 825-1846 Office Hours: 8:30 a.m. – 4:00p.m.

Applicant:

Name: _____

Age: _____ DOB: _____ Driver's License #: _____ Social Security #: _____

Address: _____
(Street) (City/Borough) (State) (Zip Code)

Home phone: _____ Cell phone: _____

Citizen of the USA? Yes No If not what county: _____

Interpreter needed (type): _____

Provide a secondary contact person or phone number

Name: _____ Relation: _____

Address: _____ Phone number: _____

Hearing information: (Provide all hearing dates and most current)

Magistrate/ Judge: _____ Address: _____

Date of hearing _____ Time: _____

Related People to the Case:

Arresting Officer: _____ Police Department: _____

Co-Defendants: _____

Witness: _____

Victim: _____

For Office Use Only

Date: _____	Criminal Charges: _____
Assigned to: _____	_____
OTN: _____	_____
CR number: _____	_____
Hearing: _____	_____

Employment: Yes No

- Where? _____
- Wages: \$ _____ per hour _____ hours a week (\$ _____ salary)
 - Unemployment Compensation _____ Monthly
 - Workmen's compensation _____ Monthly
 - SSI _____ Monthly
 - SSD _____ Monthly
- Public Assistance:
 - Medical
 - Food Stamps _____ Monthly
 - Cash _____ Monthly
- INCOME last 12 months (1 year): _____
- Combine INCOME (self/spouse) last 12 months (1 year): _____

Financial Information: Assets/Income

Bank Account(s):

- Checking _____ Amount
- Savings _____ Amount
- N/A

House/Property? Yes No

1. Tax assessor value \$ _____ Checked by: _____
2. Mortgage \$ _____ to _____

Other property/Assets/Automobile? Yes No

1. Year and make: _____
2. I owe \$ _____ to _____
3. Address of property owned _____
4. Tax assessor value \$ _____ Checked by: _____
5. Mortgage \$ _____ to _____

If you have no income, who is supporting you?

Name: _____ Relation: _____

Address: _____ Phone Number: _____

Single Yes No

Married

Name of your spouse? _____

Does your spouse work? Yes No

Who is their employer? _____

Is your spouse collecting: **Unemployment Compensation** ___ Monthly

Workmen's compensation ___ Monthly

SSI ___ Monthly

SSD ___ Monthly

Spouse's NET income in the past 12 months (1 year): \$ _____

Separated or Divorced

When was the last time you lived with your spouse? _____

Children Under 18?

Yes

No

(Give names, age, and address of each child)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do you pay support? Yes No

If so, how much? \$ _____ a month

Do you receive support or SSI? Yes No

Is so, how much? \$ _____ a month

Bail Status:

I am currently in jail Yes No

Bail is \$ _____ Bail has been posted by (name and address) _____

Criminal History:

Have you ever been charged with another crime? Yes No

When: _____ Who represented you _____ Charges: _____

Sentence: _____

Military Background:

Active

Retired

N/A

Branch of Service: _____ Service Dates from: _____ to: _____

Rank: _____ Discharge type: _____

STATEMENT OF APPLICANT AND PETITION TO APPOINT AN ATTORNEY

I, _____, hereby verify that the facts I have set forth in the above Application for a Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date

Defendant

Rev 7/13