



## 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.

**Appointed:**  Yes  No

### Applicant:

**Name:** \_\_\_\_\_

Age: \_\_\_\_\_ **DOB:** \_\_\_\_\_ Driver's License #: \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City/Borough) (State) (Zip Code)

**Cell phone:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Interpreter needed (type): \_\_\_\_\_

### 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 of interview: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Attorney: \_\_\_\_\_

FEL \_\_\_\_\_ MIS \_\_\_\_\_

Common Pleas #: \_\_\_\_\_

MDJ: \_\_\_\_\_

OTN: \_\_\_\_\_

Criminal Charges: \_\_\_\_\_

CR number: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Conflict Check  Yes  No

Children/Dependents

No Transportation

Employed

**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

\_\_\_\_\_  
Client

Rev 7/13

I, \_\_\_\_\_, hereby give the Office of the Public Defender permission to notify me of any court hearings related to this case via text messaging and or e-mail and authorize the Public Defender to obtain a receipt for this communication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client