



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: _____

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