

Office of the Union County Public Defender
Union County Courthouse
103 South Second Street
Lewisburg, PA 17837
(570) 524-8780
(570) 524-8740 FAX

INSTRUCTIONS FOR APPLICATION
READ INSTRUCTIONS THOROUGHLY

It is the responsibility of the Office of the Public Defender to provide free legal representation for persons charged with **criminal offenses in Union County**, who for lack of funds are unable to afford an attorney. Representation is also available in some juvenile and domestic relations matters. You may be eligible for services.

To apply for services, you must complete the attached application. **ALL information must be completed and application must be dated and signed.** Please mail, fax or submit in person your completed application and appropriate financial documentation. The office is open between 8:30 a.m. and 4:30 p.m., Monday through Friday. If the office is not staffed you can leave a message on our voicemail at 570.524.8780 indicating that you need to drop off an application. Once your application has been processed, you will be notified by letter as to whether your application is approved or denied. **Your application must be received in our office at least ten (10) business days before your scheduled hearing.** You must provide written verification of your financial status. The documentation which is requested is set forth below.

- *Last four (4) pay stubs or,*
 - *Copy of Unemployment Compensation check, statement or letter or,*
 - *Statement of benefits from Department of Public Assistance or,*
 - *Copy of Social Security check or letter or,*
 - *A copy of your most recent Federal Income Tax Return or,*
- OR**
- *If you can be or are claimed as a dependent by another person for Federal Income Tax purposes written verification of financial information of that person.*

If you are unable to provide any financial documentation YOU MUST COMPLETE a Letter of Financial Situation (which is attached) along WITH THE COMPLETED APPLICATION.

ATTACH COPIES OF COURT PAPERS PERTAINING TO THIS APPLICATION, INCLUDING CHARGES AND COURT DATE.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL CAUSE DELAY IN PROCESSING OR DENIAL OF YOUR APPLICATION.

Revised 2/17/2015

By submitting an application, you are agreeing that the fact that you applied can be revealed to others, including but not limited to, court personnel. Discussion of such application can include rejection and failure to comply with instructions.

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APPLICATION FOR THE ASSIGNMENT OF PUBLIC DEFENDER

1. NAME: _____ DATE OF BIRTH: ___/___/___
(First) (Middle) (Last)

2. HOME ADDRESS: _____

NOTICE: IF YOU CHANGE YOUR ADDRESS AFTER SUBMITTING THIS APPLICATION THIS OFFICE MUST BE NOTIFIED AS SOON AS POSSIBLE. WE MUST BE ABLE TO COMMUNICATE WITH YOU AT ALL TIMES DURING OUR REPRESENTATION.

3. PHONE #s HOME: _____ CELL: _____ WORK: _____

4. EMAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____

4. MARITAL STATUS: Single _____ Married _____ (Spouse's Name) _____
Divorced _____ Separated _____

5. DO YOU HAVE VALID DRIVER'S LICENSE? _____ IF NOT, PLEASE EXPLAIN: _____

6. UNION COUNTY CHARGES: _____

7. CHARGES IN OTHER COUNTIES: _____

8. ARE YOU REPRESENTED? _____

IF SO WHO: _____
Name Address Telephone and Fax Number

DATE OF CHARGES: ___/___/___

OTHER PARTICIPANTS CHARGED: _____

TYPE OF HEARING: Preliminary _____ Arraignment _____ Plea _____ Sentencing _____
Probation Contempt _____ Domestic Relations Contempt _____ Revocation (ARD/PV) _____
Bail Modif/Revoc _____ Criminal Pre-Trial Conf _____ Indirect Criminal Contempt _____
Other: _____

HEARING DATE: ___/___/___ TIME: _____

ARE YOU ON PROBATION IN THIS COUNTY OR ANOTHER COUNTY: (circle one) YES or NO
PLEASE EXPLAIN _____

PROBATION OFFICER: _____ TELEPHONE NO: _____
CASEWORKER FOR DOMESTIC RELATIONS: _____ TELEPHONE NO: _____

DISTRICT JUDGE: _____ OR COMMON PLEAS JUDGE: _____

ARE YOU IN JAIL? Yes No (Circle One) WHERE: _____ BAIL: _____
(Name) (Address)

REMINDER - IF YOU ARE RELEASED FROM PRISON AFTER YOU SUBMIT YOUR APPLICATION YOU MUST NOTIFY THIS OFFICE ASAP.

PREVIOUS CHARGES: _____ COUNTY: _____ ATTORNEY: _____

6. If not in jail, where do you work? _____ Phone: _____

Length of time employed: _____ Gross Monthly Income: \$ _____

7. Total amount of income during the last 12 months: \$ _____

Does your wife/husband work? _____ Where? _____

Gross Monthly Income: \$ _____

8. Do you have any money in a bank, savings and loan, or credit union? _____

List location, type of account (savings, savings clubs, checking, certificates, etc.) and current balance(s): _____

9. Do you have any money on your person or elsewhere? _____ Amount \$ _____

10. Do you collect any of the following? Unemployment Compensation _____ Other _____

Spousal Support _____ Disability _____ Child Support _____ Social Security _____

Public Assistance (Food Stamps/Cash/Medical Card) _____ Amount \$ _____
(per month)

Do you rent? _____ Rent per month \$ _____ Landlord _____

Do you live in someone else's home? _____ Name _____ Board \$ _____

Do you own your own home or any real estate? _____ Monthly mortgage \$ _____

Original Cost \$ _____ Current Balance \$ _____

11. Other owned property and assets: _____

Year and make of vehicle owned: _____ Monthly payment \$ _____

12. Other debts: (state type, balance, amount of monthly payment) _____

13. Do you have any credit cards? List Name of card, credit limit and balance owed:

14. How many people do you support? (include yourself) _____ Names and ages: _____

15. IF YOU CAN BE OR ARE CLAIMED AS A DEPENDENT BY ANOTHER PERSON FOR FEDERAL INCOME TAX PURPOSES, YOU MUST COMPLETE THE FOLLOWING INFORMATION ABOUT THAT PERSON:

Name(s) and address of person(s) entitled to claim you as a dependent:

Employer name and address: _____

Length of time employed: _____ Gross Monthly Income: \$ _____

How many people are supported? _____

EACH APPLICATION ONLY APPLIES TO ONE MATTER. IF YOU HAVE MORE THAN ONE CASE, YOU WILL NEED TO SUBMIT AN APPLICATION FOR EACH CASE. PLEASE ALSO BE AWARE THAT OUR REPRESENTATION OF YOU ENDS WITH EITHER A DISMISSAL OF CHARGES OR SENTENCING. IF YOU NEED REPRESENTATION AFTER THAT TIME, SUCH AS FOR A PROBATION OR PAROLE VIOLATION, YOU MUST REAPPLY.

AFFIDAVIT

I, the undersigned, verify that I have completed the foregoing application for appointment of public defender and that:

1. I have read the foregoing application and understand its contents. The facts therein contained are true and correct to the best of my knowledge, information and belief, except as to matters therein stated to be alleged as to persons other than myself.

2. I authorize any persons or agencies named in the foregoing application having information about my financial condition and health to release such information to any duly authorized official of the Court. In particular, I authorize and empower the Internal Revenue Service, my employers, any banks, the Department of Public Welfare and the Social Security Administration to release any information pertaining to my health or financial situation.

3. The foregoing application is made to inform the Court as to my financial status which could lead to the Court appointing free counsel to defend me against the criminal charges which have been brought against me. **I agree to notify the Court within 48 hours, through the Office of the Court Administrator and the Office of the Public Defender of any improvement in my financial situation from the date of this application until the final disposition of the charges.**

4. I understand that false statements made in the foregoing application are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities, a conviction of which is made punishable by not more than two years imprisonment or a fine of \$5000.00, or both.

Date: _____

Signature of Applicant