

# Office of the Union County Public Defender

Union County Courthouse  
103 South Second Street  
Lewisburg, PA 17837  
(570) 524-8780  
FAX: (570) 524-8740

**OFFICIAL USE ONLY**

Qualified (Date/Reason):

Denied (Date/Reason):

**READ ALL DIRECTIONS VERY CAREFULLY**

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. All public defenders are attorneys at law admitted to practice before the Superior and Supreme Courts of Pennsylvania.

**1) ALL INFORMATION MUST BE COMPLETE, AND THE APPLICATION MUST BE SIGNED IN ORDER FOR IT TO BE VALID. IT WILL NOT BE VALID OTHERWISE.**

**2) IF AN APPLICATION DOES NOT PROVIDE THE PROOF OF FINANCIAL/HOUSEHOLD INCOME, THE APPLICATION CANNOT BE PROCESSED.**

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.

**YOU MUST TURN IN YOUR FULLY COMPLETED APPLICATION AT LEAST 10 BUSINESS DAYS BEFORE YOUR SCHEDULED HEARING.**

In addition to your application, you **MUST** provide financial/household information. **CHOOSE ONE OF THE FOLLOWING ITEMS AND ATTACH IT TO YOUR APPLICATION.**

- Last four (4) pay stubs
- Copy of Unemployment Compensation check, statement, or letter
- Statement of benefits from Department of Public Assistance
- Copy of Social Security check or letter
- A copy of your most recent Federal Income Tax Return

**OR**

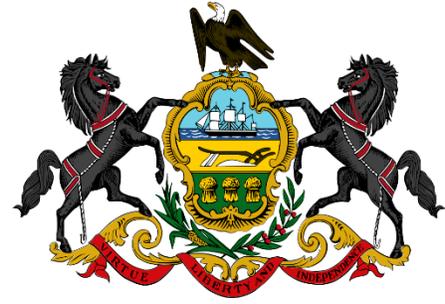
- If you can be or are claimed as a dependent by another person for Federal Income Tax purposes, please provide written verification of financial information of that person.

**IF YOU CANNOT PROVIDE FINANCIAL INFORMATION, YOU MUST COMPLETE THE LETTER OF FINANCIAL SITUATION (ATTACHED TO THE APPLICATION).**

**YOU MUST ATTACH ALL COPIES OF COURT PAPERS PERTAINING TO THIS APPLICATION, INCLUDING THE CHARGES AND THE COURT DATE.**

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If you are mailing your application you should follow up with the office in the next seven (7) days to be sure the application was received. The mailing address is listed above.

**APPLICATION FOR PUBLIC DEFENDER SERVICES**

ARE YOU IN JAIL: YES \_\_\_\_\_ NO \_\_\_\_\_

WHERE: \_\_\_\_\_ BAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

HOME ADDRESS: \_\_\_\_\_

**IF YOU CHANGE YOUR ADDRESS AFTER SUBMITTING THIS APPLICATION, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.**

PRIMARY PHONE NUMBER: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

CAN WE LEAVE MESSAGES AT THESE NUMBERS?      YES      NO      (CIRCLE ONE)

**IF YOU CHANGE YOUR PHONE NUMBER AFTER SUBMITTING THIS APPLICATION, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.**

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ (Spouse's Name: \_\_\_\_\_)

Divorced \_\_\_\_\_ Separated \_\_\_\_\_

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE?: \_\_\_\_\_ You must provide your license at the time you submit your application for services.



**LIST ALL OTHER FINANCIAL INFORMATION:**

- Do you have any money in a bank, savings and loan, or credit union? \_\_\_\_\_
- List location, type of account & balances: \_\_\_\_\_
- Do you have any other money at this time? \_\_\_\_\_ -- \_\_\_\_\_

**DO YOU COLLECT ANY OF THE FOLLOWING (CIRCLE):**      Unemployment Compensation

Spousal Support      Disability      Child Support      Social Security      Other: \_\_\_\_\_

Public Assistance **CIRCLE ONE** (Food Stamps/Cash/Medical Card): AMOUNT (per month): \_\_\_\_\_

**LIVING SITUATION:**

Do you rent? **CIRCLE:**      YES      or      NO

Rent per month \$ \_\_\_\_\_      Landlord: \_\_\_\_\_

Did you live in someone else's home? **CIRCLE:**      YES      or      NO

Name: \_\_\_\_\_ Board \$ \_\_\_\_\_

Original Cost \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Do you own your home? **CIRCLE**      YES or NO

Other property assets: \_\_\_\_\_

**VEHICLES/OTHER DEBTS:**

Year & Make of Vehicle owned: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Do you have any credit cards? If so, list name of card and balance owed:

\_\_\_\_\_

**DEPENDENTS:**

How many people do you support (include yourself):

Names and ages: \_\_\_\_\_

Names and addresses of persons you claim as a dependent:

\_\_\_\_\_  
\_\_\_\_\_

EACH APPLICATION APPLIES TO **ONE MATTER**.

IF YOU HAVE MORE THAN ONE CASE YOU MUST APPLY SEPARATELY.

**By submitting an application, you are authorizing the Union County Public Defender's Office to reveal the fact that you applied for our services to others, including but not limited to, court and office personnel.**

**AFFIDAVIT**

I, the undersigned, verify that I have completed the foregoing application for appointment of public defender 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 duty 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 the Court to appoint 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 the 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 \$5,000.00, or both.

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Date

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Signature of Applicant

