

Incarcerated: YES _____ NO _____ Date Received ___/___/___ Approved ___/___/___ Denied ___/___/___ *office use only

APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL

Northumberland County
Office of Public Defender
322 North Second Street
Sunbury, PA 17801
Phone: (570) 495-2347 Fax: (570) 988-5443

INSTRUCTIONS: ALL SECTIONS MUST BE FULLY COMPLETED, supporting documentation provided and the application SIGNED before any action can be taken. Provide your home address, even if you are currently incarcerated. **YOU MUST ATTACH YOUR CRIMINAL COMPLAINT AND COURT DATE FOR NEW CASES.**

PERSONAL INFORMATION

FULL NAME: _____ DATE OF BIRTH: ___/___/___ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO: (____) _____ - _____ OTHER: (____) _____ - _____ LAST 4 DIGITS OF SOC. SEC. NO.: _____

E-MAIL ADDRESS: _____ May we contact you via e-mail? YES: ___ NO: ___

CHARGES: _____ DATE: ___/___/___

OTHER PARTICIPANTS/CO-DEFENDANT: NAME (IF APPLICABLE): _____

HEARING DATE: ___/___/___ TIME: ____:____

LOCATION OF HEARING: MAGISTRATE: _____ OR COMMON PLEAS JUDGE: _____

DO YOU HAVE A PRIOR RECORD: Yes: _____ No: _____ IF YES, what were the charges and where did they occur? : _____

WHO REPRESENTED YOU: _____ PAID BY: _____

ARE YOU CURRENTLY INCARCERATED: YES/NO, IF YES, WHERE: _____ ARE YOU OUT ON BAIL: YES/NO

AMOUNT OF BAIL: _____ PAID BY: _____

INCOME AND HOUSEHOLD INFORMATION

EMPLOYER NAME/ADDRESS: _____ PHONE NO: (____) _____ - _____

LENGTH OF TIME EMPLOYED: _____ NET WEEKLY PAY: \$ _____ Are there deductions taken from your check, not including taxes, such as a support order? Yes: ___ No: ___ SPECIFY: _____ AMOUNT: \$ _____

IF UNEMPLOYED, where did you last work: _____ Reason for leaving: _____

MARITAL STATUS: SINGLE: _____ MARRIED: _____ DIVORCED: _____ SEPARATED: _____ WIDOWED: _____

SPOUSE'S NAME (if applicable): _____ EMPLOYMENT STATUS: _____

AMOUNT OF MONEY YOU HAVE, IN THE BANK: CHECKING: \$ _____ SAVINGS: \$ _____ OTHER OR CASH: \$ _____

DO YOU OWN YOUR HOME? Yes: ___ No: ___ IF YES, MONTHLY MORTGAGE: \$ _____ ORIGINAL COST: \$ _____

DO YOU RENT YOUR HOME? Yes: ___ No: ___ MONTHLY RENT: \$ _____ LANDLORD: _____

IF YOU DO NOT OWN OR RENT, WHERE ARE YOU LIVING? : _____

PLEASE COMPLETE AND SIGN ON REVERSE

HOW MANY PEOPLE DO YOU SUPPORT: _____ LIST THEIR NAMES & AGES: _____

HOW MANY PEOPLE ARE LIVING IN THE HOUSEHOLD: _____ LIST ALL THEIR NAMES & AGES: _____

INCOME FOR ALL OTHER ADULTS IN THE HOUSEHOLD, IF MORE THAN ONE, INCLUDE/ATTACH ADDITIONAL INFORMATION:

PERSON EMPLOYED: _____ RELATIONSHIP TO YOU: _____

EMPLOYER NAME/ADDRESS: _____ PHONE NO: () - _____

LENGTH OF TIME EMPLOYED: _____ WEEKLY TAKE HOME PAY: \$ _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD COLLECT ANY OF THE FOLLOWING? IF YES, LIST AMOUNT PER MONTH:

UNEMPLOYMENT: \$ _____ SOCIAL SECURITY: \$ _____ WELFARE: \$ _____ DISABILITY: \$ _____ FOOD STAMPS: \$ _____

RETIREMENT: \$ _____ PENSIONS: \$ _____ SPOUSAL AND/OR CHILD SUPPORT: \$ _____ RENTAL INCOME: \$ _____

IF YOU DO NOT HAVE ANY INCOME, HOW DO YOU SUPPORT YOURSELF: _____

DO YOU OWN A VEHICLE? IF YES, YEAR: _____ MAKE: _____ MONTHLY PAYMENT: \$ _____

DO YOU OWN ANY OTHER PROPERTY/ASSETS: Yes: ___ No: ___ IF YES, SPECIFY: _____

AFFIDAVIT

BY SIGNING THIS DOCUMENT, I REQUEST THAT THE NORTHUMBERLAND COUNTY OFFICE OF THE PUBLIC DEFENDER REPRESENT ME FOR THE CHARGES NOW AGAINST ME. I VERIFY THAT I HAVE READ THE ENTIRE DOCUMENT AND THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.A SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND 16 P.S. SECTION 9960.8, OF THE PUBLIC DEFENDER ACT.

I ALSO UNDERSTAND AND AGREE THAT IF MY FINANCIAL SITUATION CHANGES IN ANY WAY, INCLUDING BUT NOT LIMITED TO OBTAINING EMPLOYMENT, THAT I WILL NOTIFY THE NORTHUMBERLAND COUNTY PUBLIC DEFENDER OFFICE IN WRITING, WITHIN SEVEN DAYS. IF I NEGLECT TO REPORT CHANGES IN MY INCOME I MAY BE SUBJECT TO SANCTIONS AND WITHDRAWAL, OF THE PUBLIC DEFENDER OFFICE, FROM MY CASE.

I ALSO AGREE TO REPORT ANY CHANGE OF ADDRESS OR PHONE NUMBER TO THE PUBLIC DEFENDER OFFICE ON OR BEFORE THE DATE THAT THEY ARE TO BE EFFECTIVE.

I VERIFY THAT THE STATEMENTS MADE IN THIS AFFIDAVIT ARE TRUE AND CORRECT. I UNDERSTAND ANY FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF PA.C.S. SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE

DEFENDANT SIGNATURE