

Office Use Only
F____ M____ P.V.____
Incidents_____
LCP_____
Interpreter_____

OFFICE OF THE PUBLIC DEFENDER
Lehigh County Court House
455 W. Hamilton Street, Room 615
Allentown, PA 18101-1614
610-782-3157
HOURS: 8:00 a.m. - 4:30 p.m. (M-F)

Office Use Only
Approved_____
Denied_____
Interview_____
Date_____

COMMONWEALTH OF PENNSYLVANIA
vs

(Name of Applicant)

APPLICATION FOR PUBLIC DEFENDER

Interpreter Yes____ No____

1. My name is _____ (AKA) _____

My home address is _____
street city state zip

I live here with _____

My home phone number is _____. If not available at the above address and number I can be contacted through _____ whose address is _____
name street

_____ and telephone number is _____
city state zip

2. I hereby apply for the services of the Public Defender and make the representations which follow in order to qualify for such services. I understand and agree that these representations are not of a confidential nature, may be revealed to the Court or other interested party, and may be used against me if proven to be deliberately false.

3. I am charged with (List offenses contained in your police criminal complaint): _____
in the County of _____ State of _____ on the (set forth date(s)) _____

3.a. Are you charged with a DUI? Yes__ No_____ If charged with a DUI which offense (circle one) 1, 2, 3, 4+

4. I have () have not () had a preliminary hearing in this matter before a Magisterial District Judge. The name of the Magisterial District Judge who heard / will hear my case is / was _____
The date of my hearing is / was _____ The OTN is _____

5. I am unable to obtain a lawyer to defend me in this case because _____

6. I have consulted the following lawyers about my case (set forth names of attorneys and financial arrangements)_____

7. The names of other lawyers who have represented me in other cases are _____

8. I do not have funds to pay for a lawyer.
Yes____ No____

9. The answers to the following questions are true to the best of my knowledge, information and belief
- (a) Date of Birth? _____ Soc. Sec. # _____
- (b) What is your marital status?
 single
 married
 separated
 divorced
 widow/widower
- (c) Do you have any children? _____
- (d) What are your children's ages? _____
- (e) With whom do your children live? _____
- (f) If married, what is the name, age and address of your husband or wife? _____

- (g) If your children or spouse do not live with you, are you paying support for them? _____
 If yes, to whom are you making payments? _____
 If yes, how much are you paying per week? _____
10. Are you employed? _____ Where? _____
- (a) How long have you been employed at your present job? _____
- (b) What is your weekly take home pay? _____
- (c) What was the total amount of your income during the past 12 months? _____
- (d) Do you have any other source of income? _____ If yes, from what source? _____

 How much per week? _____
11. Is your spouse employed? _____ Where? _____
- (a) How long has your spouse been employed at this present job? _____
- (b) What is your spouse's weekly take home pay? _____
- (c) What was the total amount of your spouse's income during the past 12 months? _____
12. Are you or your spouse receiving any of the following payments?
- (a) disability (including social security, workmen's compensation, etc.) Yes _____ No _____
- (b) unemployment Yes _____ No _____
- (c) welfare Yes _____ No _____
13. How much are you receiving of each of these types of payments?
- (a) disability (including social security, workmen's compensation, etc.) _____
- (b) unemployment _____
- (c) welfare _____
14. How much is your spouse receiving of each of these types of payments?
- (a) disability (including social security, workmen's compensation, etc.) _____
- (b) unemployment _____
- (c) welfare _____
15. If you do not presently have a job, have you been offered a job since becoming unemployed? _____
- (a) If yes, by whom? _____
- (b) If yes, at what salary or wage? _____
16. Do you have any money? _____ If yes, how much? _____
- (a) On your person? _____
- (b) At home? _____
- (c) Anywhere else? _____
17. Do you have a checking account with any bank or financial institution? _____
- (a) If yes, how much is in that account? _____
- (b) If yes, which bank or institution holds that account? _____
18. Do you have a savings account with any bank or financial institution? _____

- (a) If yes, how much is in that account? _____
 (b) If yes, which bank or institution holds that account? _____
19. Do you have any stocks or bonds of any type? _____
 (a) If so, what is the value? _____
20. Do you or your spouse own an automobile? _____
 (a) Year and make? _____
 (b) Value? _____
 (c) It is now at _____
 (d) Are you making payments for this automobile? _____ If yes, to whom? _____
 _____ How much are you paying? _____
21. Do you own any real estate (house or land)? _____
 (a) Do you have a mortgage on this real estate? _____
 If yes, how much is owed on the mortgage? _____
 (b) How much are your mortgage payments? _____
22. Does your spouse own any real estate? _____
23. Do you or your spouse own any other property or have any other assets? _____
24. Does anyone owe you money? _____ Who? _____
 How much? _____
25. My present status is as follows:
 I am in jail and unable to obtain bail in the amount of \$ _____
 I am at large on my own recognizance.
 I am on bail in the amount of \$ _____
 Posted up by _____

CAUTION: READ BEFORE SIGNING

I _____, residing at _____
 Print Name Address

being duly sworn according to law, upon (his) (her) oath deposes (and says:)

1. That the facts contained in the foregoing application are true and correct.
2. That I have not knowingly concealed, or in any way misrepresented my financial resources.
3. That I am indigent and unable to procure sufficient funds to obtain legal counsel to represent me.
4. That I authorize my employer, bank, government agency, or any entity making payments to myself or my spouse to release information concerning the amount and nature of said payments to the Public Defender Office for purposes only directly related to my eligibility for public defender representation.
5. That if the Public Defender accepts my case I will notify him of any changes in my financial resources including release on bail, employment, cash income, or any other of the items listed in this application.
6. That I am aware that I can be prosecuted for perjury if I had made any false statement, misrepresentation or concealment and that I can be prosecuted for them if I obtain the services of the Public Defender by means of false statement, misrepresentation or concealment or if I continue to accept such services after my financial condition has materially changed without notifying the Public Defender, and that in any such case this application may be used as evidence against me.

 Signature

I _____, verify that the facts set forth in the foregoing APPLICATION FOR PUBLIC DEFENDER are true and correct to the best of my knowledge, information and belief. I understand that

false statements made therein are subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Date: _____

Signature

**OFFICE OF THE PUBLIC DEFENDER
Lehigh County Courthouse
455 W. Allentown Street
Allentown, PA 18101**

610-782-3157

I understand that the services of the Public Defender's Office are determined by financial need, and therefore, I must supply proof of income for myself and all members of my household. Please check the box(es) that applies to your current financial situation:

- At least 4 recent pay stubs.
- Letter from last employer verifying termination.
- Check stub or letter from Unemployment stating benefit amount.
- Award letter from Social Security or a copy of most recent check.
- Recent letter or printout from DPA stating the benefit amount. Access cards are not considered proof of income.
- Court order showing amount of child support paid/received.
- Checking account/bank account statement.
- Foreclosure papers, notice of sheriff's sale and/or statement from financial institution verifying there is absolutely no equity in the property and that a home equity loan was not taken out within the last year.
- W2 forms and copy of income tax returns for the year _____.
- Current class schedule and financial aid/student loan award letters.
- Notarized letter from _____ stating that I am currently unemployed, living with them and that they are supporting me (see ATTACHMENT A).
- Letter from Drug Rehabilitation/Mental Health Facility stating I am in an in-patient program and not currently able to work.
- Other: _____

DATE

SIGNATURE

Please deliver the completed application along with a copy of your Police Criminal Complaint in person to the Lehigh County Public Defender's Office, Lehigh County Courthouse, 455 W. Hamilton Street, Room 615, Allentown, Pennsylvania. We can only accept completed

applications from the person who is being charged. We do not accept applications by fax or mail.

ATTACHMENT A

(This form to be completed only if you are being supported by another person.)

AFFIDAVIT OF SUPPORT

THIS FORM MUST BE NOTARIZED TO BE VALID

OTN# _____

DATE: _____

_____ residing at _____
(Name of Applicant) (Address)

_____, telephone number _____
(Telephone Number)

is currently unemployed and is dependent upon me for his/her support. My relationship to the applicant is _____.
(Relationship to Applicant)

SIGNATURE
(Signed in front of a notary)

Print Name

COMMONWEALTH OF PENNSYLVANIA)
: ss.
COUNTY OF LEHIGH)

Sworn to and subscribed before me
this _____ day of _____, 20_____.

NOTARY PUBLIC

****A Notary Public is available in our office (Mon. - Fri. 8:00 a.m. - 4:30 p.m.) or the Clerk of Court's Office, First Floor, Lehigh County Courthouse (Mon. - Fri. 8:00 a.m. - 4:30 p.m.).**

Valid photo I.D. must be shown. There is a \$5.00 fee.**