

Office Use Only
 Walk in _____
 Incarcerated _____
 Facility Name _____
 Treatment _____
 Facility Name _____
 Atty: _____

OFFICE OF THE PUBLIC DEFENDER
Carbon County
76 Susquehanna Street
Jim Thorpe, Pa 18229
570-325-2343

Office Use Only
 Approved _____
 *Denied _____
 *Reason for denial: _____
 Interview _____
 Date _____

COMMONWEALTH OF PENNSYLVANIA

Vs

 (Name of Applicant)

APPLICATION FOR PUBLIC DEFENDER

Interpreter: _____ Language: _____

Name _____

Address: _____

Street

City

State

Zip

Home phone number: _____

Alternate contact name/phone number: _____

Alternate contact name/phone number: _____

Alternate contact name/phone number: _____

E-mail Address: _____

Date of birth: _____

Social Security #: _____

Are you a military veteran: _____

Active or inactive: _____

If inactive, type of discharge: _____

I understand and agree that 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. _____

(Initials)

I am charged with (list offenses contained in your police criminal complaint:

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Are you charged with a DUI? _____

If charged with DUI which offense: _____ 1st, 2nd, 3rd, 4th +

I _____ have/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 _____

What is your marital status? (please circle)

Single

Married

Separated

Divorced

Widow/Widower

If married, what is the name, age and address of your husband or wife?

Do you have any children under the age of 18? _____
If yes, what are your children's ages? _____
If yes, with whom do your children live? _____
If yes, do you pay support? _____ How much per month? _____

Are you employed? _____ If so who is the Employer? _____
How long have you been employed at this present job? _____
What is the total gross amount of your income during the past 12 months? _____

Is your spouse employed? _____ If so who is the Employer? _____
How long has your spouse been employed at this present job? _____
What is the total gross amount of your spouse's income during the past 12 months?

Are you receiving any of the following payments?
Disability (including social security, workmen's compensation, etc.) _____
If so how much per month? _____
Unemployment _____
If so how much per month? _____
Welfare _____
If so how much per month? _____

Is your spouse receiving any of the following payments?
Disability (including social security, workmen's compensation, etc.) _____
If so, how much per month? _____
Unemployment _____
If so, how much per month? _____
Welfare _____
If so, how much per month? _____

Do you have a checking account with any bank or financial institution? _____
If yes, how much is in that account? _____

Do you have any stocks or bonds of any type? _____
If so, what is the value? _____

Do you or your spouse own an automobile? _____
Year/Make _____
Value _____
Are you making payments for this automobile? _____ If yes, amount? _____

Do you or your spouse own any real estate (house or land)? _____
If yes, do you have a mortgage on this real estate? _____
If yes, how much is owed on the mortgage? _____
If yes, how much are your mortgage payments? _____

The Carbon County Public Defender Office has a social service advocate available who can assist you with setting up the following services in the community:

- Anger Management Classes
- Case Management (someone who can provide assistance with setting up appointments and services)
- County Assistance (Medicaid/Food Stamps)
- Domestic Violence and Trauma Services
- Drug and Alcohol Services
- Food Banks
- Housing
- Medical Services
- Mental Health Services
- Parenting Classes/Pregnancy Support
- Public Transportation
- Veteran Services

If you would like our social service advocate to contact you, please check this box.

☐

CAUTION: READ BEFORE SIGNING

I _____, residing at _____
Print Name Address

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.

I further declare that:

1. That I have not knowingly concealed, or in any way misrepresented my financial resources.
2. That I am indigent and unable to procure sufficient funds to obtain legal counsel to represent me.
3. 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.
4. 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.

Date: _____ Signature: _____

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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:

- ☐ Most recent pay stubs
- ☐ Letter from last employer verifying termination
- ☐ Check stub or letter from unemployment stating benefit amount.
- ☐ Award letter from social security of 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.
- ☐ W2 forms and copy of income tax returns for the year.
- ☐ Letter from Drug Rehabilitation/Mental Health Facility stating I am in an in-patient program and not currently able to work.

Date

Signature