

CARBON COUNTY PUBLIC DEFENDER

CARBON COUNTY COURTHOUSE
76 SUSQUEHANNA STREET, P.O. BOX 128
JIM THORPE PA 18229

TELEPHONE: (570) 325-2343 | FAX: (570)325-5031 | OFFICE HOURS: 8:30am-4:30pm
APPLICATION FOR DEFENSE LAWYER FROM PUBLIC DEFENDER OFFICE
(REV 6/15/2021)

Only indigent persons, in other words people who cannot afford to hire a lawyer, are eligible for a Public Defender. Indigence is determined by reference to the United States Department of Health and Human Services Poverty Guidelines. The cost of Public Defenders is borne by the Taxpayers of Carbon County, not the State of Pennsylvania.

INSTRUCTIONS:

1. Applications must be filled out completely and truthfully. **EVERY** question needs an answer.
2. Our policy is based on **HOUSEHOLD INCOME**.
3. If you are **NOT** incarcerated, you must provide the **POLICE CRIMINAL COMPLAINT, AFFIDAVIT OF PROBABLE CAUSE, and proof of INCOME**.
4. You **MUST** also provide proof of any: **SSI, SSD, Retirement, Unemployment, Worker's Compensation, Child Support, Food Stamps, and any other state assistance received**.

Signed application **MUST** be **HAND DELIVERED** to the Public Defender's Office.

****Application WILL NOT be accepted via MAIL, EMAIL, FAX or ANYONE other than the Defendant.**
5. IF YOU ARE **NOT** IN JAIL, THE COMPLETED APPLICATION MUST BE RECEIVED AT LEAST FIVE (5) DAYS PRIOR TO YOUR HEARING.
6. IF YOU ARE **NOT** INCARCERATED, FAILURE TO PROVIDE VERIFICATION OF INCOME AS SET FORTH ABOVE, WILL RESULT IN AN AUTOMATIC DENIAL OF YOUR APPLICATION.

TO ALL DEFENDANTS

You are warned that if you fail to completely inform this office of your financial condition, this office will petition the Court for imposition of attorney's fees. You will pay these fees.

In addition, **WILLFUL MISREPRESENTATION** of your financial circumstances to obtain the services of this office may result in additional **CRIMINAL CHARGES**. Anyone assisting you and/or advising you to falsify information may be charged as well.

If new charges are brought against you, you must complete a new application. **DO NOT** assume that simply because you were represented by a Public Defender before that you will automatically be represented again.

If you are applying **ON THE DAY OF YOUR HEARING** or within 4 days prior it is your responsibility to request a continuance.

Due to Attorney-client privacy requirements, the Public Defender will not discuss your case with anyone but **YOU!**

*****You must keep our office informed of your current address, telephone number, and change of income.*****

FULL NAME: _____

Birth date: _____ SS#: _____ Driver's License #: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home #: _____ Work #: _____ Other #: _____

Email Address: _____

Name, address and phone # of contact person we may use if unable to locate you: _____

Citizen of US? (Circle) Yes or No If not, what Country: _____

VISA STATUS: _____ Interpreter needed: (list language) _____

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE? _____

PRELIMINARY HEARING SCHEDULED ON (DATE/TIME): _____

AT MAGISTERIAL DISTRICT JUDGE (PLACE): _____

CRIMINAL CHARGES ARE (list charges): _____

Which Police say happened in (where): _____ on (Date/Time): _____

Co-Defendant(s) is/are (list any other people also charged or who may be called as witnesses):

My Bail Status: Bail is \$ _____. I am _____ in jail. _____ out of jail.

Bail was posted by (Name of person): _____

TOTAL INCOME FROM ALL SOURCES LAST 12 MONTHS: \$ _____

(INCLUDING EVERYTHING, I.E. UNEMPLOYMENT, WORKER'S COMP. OR DISABILTY INCOME, CASH INCOME)

EMPLOYER (list name and address of current): _____

Gross Wages \$: _____ Date last worked: _____

Attached (2) Most Recent Paystubs---I cannot because: _____

Other income: \$ _____

WHO CURRENTLY SUPPORTS YOU? _____

(GIVE NAME, ADDRESS, AND RELATIONSHIP) _____

JOB WAITING (SPECIFY DETAILS IF YOU HAVE A JOB WAITING): _____

ASSETS OWNED. MY ASSETS ARE (list all things you own yourself or with another person below by category):

Money on my person: \$ _____ at home \$ _____

In the bank \$ _____ (if so list names of all banks) _____

Jail is holding \$ _____

Elsewhere: \$ _____ Trust funds/Recent inheritance: \$ _____

Real Estate (address): _____

(Value) _____ (Mortgage owed): _____ (to whom): _____

Unimproved property owned (address): _____

(Value): _____ (lien owing): _____ (to whom): _____

Trailer or Mobile Home (address): _____

(Value): _____ (lien owing): _____ (to whom): _____

Vehicles (list year, make, value and money still owed for each): _____

Stocks or Bonds: _____

Other Assets (list type, value and location, include any money owed to you): _____

SPOUSE AND CHILDREN: (list name, age and address of each, spouse first and indicate with whom each child lives):

CHILD SUPPORT (for each child indicate if there is a support order directing you to pay, how much monthly, and the last payment you made): _____

SPOUSES'S EMPLOYER (Name and Address): _____

Total income last 12 months: _____ (include unemployment/worker's comp)

HOUSEHOLD INCOME (OTHER): EARNINGS \$ _____ WELFARE \$ _____

UNEMPLOYMENT \$ _____ WORKER'S COMP \$ _____

DISABILITY \$ _____ CHILD SUPPORT (PAYING): _____

WELFARE/CASH ASSISTANCE \$ _____ HOUSING ALLOWANCE \$: _____

FOOD STAMPS \$ _____ OTHER \$ _____

TOTAL COMBINED HOUSEHOLD INCOME IN PAST 12 MONTHS \$ _____

PREVIOUS ATTORNEY: I have not previously been represented in court by an attorney except: _____

(list name of attorney, case in which attorney represented you, and who paid the attorney in the case): _____

PREVIOUS CRIMINAL CONVICTIONS (list ALL and in what states)

By submitting this application I agree to accept the services of any lawyer who is assigned to handle my case.

If I should become employed or my financial situation changes at any time prior to my trial, I am aware that I must notify the Public Defender's Office as to such changes.

Note: upon submission of this application to the Public Defender's Office, a letter will be mailed to you stating if you have been approved or denied.

COMMONWEALTH OF PENNSYLVANIA }
 } SS
COUNTY OF CARBON }

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

1. I am the applicant seeking the service of the Public Defender Office of Carbon County.
2. I have read the foregoing application know the contents thereof and the same are true to my knowledge, except as to matters therein stated to be alleged as to persons other than myself, and as to those matters I believe it to be true.
3. This affidavit is made to inform the court as to my financial status and to induce the court to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, that I may be charged for the time spent by the attorney (s) handling my case on an hourly basis, but in any case not less than \$750.00.
5. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine of not more than \$15,000.00 or imprisonment for not more than seven years or both.

Signature of Applicant

Date

AUTHORIZATION FOR DISCLOSURE OF INFORMATION
ABOUT ME AND RELEASE FOR DISCLOSURE (REV. 110613)

I, the undersigned individual, hereby authorized and request you to disclose and give copies to my attorney, the public defender of Carbon County, Pennsylvania, or any of his assistants or representatives, of all records and information concerning me which you have in your possession, including, but not limited to the following sorts of records:

- (1) Financial information (including records as to earnings, assets and liabilities), personal information (including personnel files; copies of reports made to any other person or agency; and statements), military records (including medical and psychological diagnosis and prognosis reports of treatment; service history; and records of disciplinary actions, if any) and any related information.
- (2) Hospital records and records of physicians, nurses, and other personnel (including narrative summaries or medical diagnosis, prognosis and treatment; charts; notes of interview; histories; and psychiatric or psychological evaluation), and any related information.
- (3) ANY AND ALL RECORDS FROM REHABILITATION CENTERS THAT RELATE TO ANY TREATMENT INCLUDING MEDICATIONS, ALLEGED VIOLATIONS OF FACILITY RULES AND REGULATIONS INCLUDING BUT NOT LIMITED TO ALLEGED WRONG DOING RELATING TO DOSAGES OF MEDICATION, TREATMENTS OR ANY OTHER TYPES OF CARE.

This Authorization shall constitute sufficient Power of Attorney for obtaining such information, records and reports. In consideration of your disclosure, I hereby release you (and as appropriate, the institution you represent) from any and all liability arising from such disclosure. This authorization is valid for the period of one year from the date signed below.

A photocopy of this authorization shall be considered as effective and valid as the original.

Date: _____

Signed: _____