

APPLICATION FOR PUBLIC DEFENDER REPRESENTATION FOR JUVENILES

****READ THE FOLLOWING CAREFULLY****

TO BE ELIGIBLE FOR REPRESENTATION BY THIS OFFICE, YOU MUST COMPLETE THE FOLLOWING APPLICATION IN ITS ENTIRETY AND SUBMIT IT TO THE PUBLIC DEFENDER'S OFFICE **NO LATER THAN THREE (3) BUSINESS DAYS** BEFORE THE JUVENILE'S SCHEDULED PROCEEDINGS, WITH A LIMITED EXCEPTION REGARDING DETENTION HEARINGS. APPLICATIONS RECEIVED AFTER CAN AND WILL BE REJECTED.

In order to determine the juvenile's eligibility for legal representation by the Public Defender's Office of Clearfield County, you must complete every question on this application. If a question does not apply, please indicate "N/A". Applications are available at the Public Defender's Office, which is located on the second floor of the Courthouse Annex, 230 East Market Street, Suite 202, Clearfield, Pennsylvania. The phone number is (814) 765-2641, Ext. 5989 and the fax number is (814) 765-7203. The office hours are 8:30 a.m. – 4:00 p.m., Monday through Friday, excluding county holidays.

By completing the application, you are authorizing the Public Defender's Office to contact and receive information from any source necessary to verify the information you are providing as well as to obtain information necessary for the representation of the juvenile in his/her current criminal proceedings. The application itself acts as a release for this purpose.

If during the course of the case, there are any changes in guardianship of the juvenile or in any contact information, you must notify this office immediately. Failure to do so could affect the office's representation of the juvenile.

You are further advised that the Public Defender's Office reserves the right to make attorney assignments, as this office deems appropriate, for any proceedings with which the juvenile is involved. You do not have the right to request a particular Public Defender. The juvenile may be represented by different attorneys from this office at various stages of the proceedings.

If the juvenile is charged with a new offense while being represented by this office, or becomes involved with new proceedings such as a probation/consent decree revocation, you must submit an entirely new application for representation for that charge and/or proceeding.

Please also be advised that once the dispositional phase in a juvenile's case has been completed, the juvenile's case is closed by this office thirty-one (31) days thereafter and this office no longer represents the juvenile. If the juvenile is placed in a juvenile institution, the case continues to be open until the juvenile is released from placement.

Please be advised that once the juvenile becomes a client of the Public Defender's Office, everything pertaining to his/her case is confidential. Our office speaks with the juvenile's parents/guardians only as a courtesy to the juvenile, our client. The juvenile is the Public Defender's client, not the parents/guardians. Attorney-client privilege is a legally recognized right and can only be waived by the juvenile.

Please be advised that The Public Defender's Office does not represent juveniles in Intake Interviews, Teen Court, Informal Adjustment Proceedings, or in CYs matters. Also, please be advised that if the juvenile does not admit guilt and requests a hearing, the Public Defender's Office needs the names and contact information of any witnesses to the alleged incident directly after the application has been approved. If any of those witnesses is a juvenile, the parents'/guardians' names are also to be supplied.

The following is a brief description of the steps in most juvenile criminal proceedings:

- (1) a complaint is filed with the Juvenile Probation Office (and if the Juvenile has been detained, a detention hearing is held within three calendar days of the detention),
- (2) determination is made as to whether juvenile is eligible for teen court or an informal adjustment,
- (3) if not eligible, the juvenile is scheduled for an intake interview with the Juvenile Probation Office, at which time the juvenile pleads guilty (delinquent) or not-guilty (not-delinquent) to the JPO,
- (4) after the intake interview, the case is scheduled for court and a summons is sent out to the juvenile's parents/guardians,
- (5) the Juvenile Probation Office makes its recommendation to the Court and distributes copies of all the paperwork to the Court, the D.A.'s Office, and the P. D.'s Office,
- (6) in Court, the Juvenile either admits to the charges and is then adjudicated delinquent (found guilty and sentenced) or denies the charges and requests a hearing,
- (7) a hearing is held (sometimes at a later date) and afterwards the Judge determines if the juvenile is delinquent (guilty), and
- (8) if delinquent, the juvenile's case is disposed (ie: the juvenile is sentenced).

The following is a brief description of the sequence during most juvenile court proceedings:

- (1) The juveniles and their guardians arrive in the hall outside of the courtroom fifteen minutes before the court proceeding is scheduled to begin,
- (2) a juvenile probation officer may call all of the juveniles names to make sure they are present before court begins,
- (3) the Juveniles and their guardians wait in the hall outside of the courtroom until the juvenile's name is called,
- (4) once the District Attorney calls the juvenile's name, the juvenile and his/her parents/guardians enter the courtroom,
- (5) the juvenile is seated in the front of the courtroom, the parents/guardians are seated in the gallery behind the juvenile (please be advised that the victims may be present in the courtroom as well),
- (6) the District Attorney reads the juvenile's charges and the Juvenile Probation Officer's recommendation,
- (7) the Defense Attorney or Juvenile admit or deny the charges, and
- (8) if admitting, the juvenile's case is disposed (the juvenile is sentenced), if denied, a hearing is held (sometimes that day, sometimes at a later date).

APPLICATION FOR JUVENILE LEGAL REPRESENTATION
PUBLIC DEFENDER'S OFFICE
CLEARFIELD COUNTY, CLEARFIELD, PENNSYLVANIA

OFFICE USE ONLY	JUVENILE'S NAME (LAST, FIRST, MIDDLE)			JUV. DATE OF BIRTH
DATE RECEIVED: _____	JUV. HOME ADDRESS			JUV. SOC. SECURITY NO.
APPROVED: _____	CITY	STATE	ZIP CODE	JUV. PHONE NUMBER
	IS THE JUV. DETAINED/PLACED? _____		DATE OF DETENTION/PLACEMENT: _____	
	IF SO, WHERE _____			
REJECTED: _____	PARENTS' NAMES			PARENTS' PHONE #
	PARENTS' HOME ADDRESS(ES)			PARENTS' SOC. SEC. #S
REASON FOR REJECTION: _____	CITY	STATE	ZIP CODE	JUV. PHONE NUMBER
	THE JUVENILE IS INVOLVED IN THE FOLLOWING PROCEEDINGS:			
ADVISED PERSONALLY: _____	<input type="checkbox"/> ADJUDICATION & DISPOSITION	<input type="checkbox"/> FINDING OF FACT		
	<input type="checkbox"/> PROBATION VIOLATION	<input type="checkbox"/> DETENTION HEARING		
	<input type="checkbox"/> BENCH WARRANT/CONTEMPT OF CT.	<input type="checkbox"/> REVIEW OF PLACEMENT		
	<input type="checkbox"/> CONSENT DECREE	<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____		
LETTER: _____	NAME OF CO-DEFENDANTS: _____			
	JUVENILE CHARGES: _____			
APPLICATION RETURNED INCOMPLETE: _____	HEARING DATE: _____	JUV. PROBATION OFFICER: _____		
	ARRESTING OFFICER: _____ DATE OF INCIDENT: _____			
DO YOU HAVE ANY PRIOR CONVICTIONS: _____	IF YES, PLEASE LIST OFFENSE AND DATE: _____			
LACK OF DOCUMENTATION: _____	ARE YOU CURRENTLY ON PROBATION?: _____ (If so, in what County?) WHAT SCHOOL DOES JUVENILE ATTEND AND WHAT ARE ITS HOURS?: _____			
	MARITAL STATUS OF PARENTS:			
	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEPARATED	
	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED		

DEPENDANTS OF JUVENILE'S PARENTS:

Parents may only claim as a defendant, spouses and children who reside with them or for whom they pay support on a regular basis. Parents also hereby authorize this office to contact and receive information from the Domestic Relations Office or anyone else to verify such residence and/or support payments. If parents pay support, they must also enclose receipts or other documentation to verify such payments.

LIST PARENTS' DEPENDANT(S) BELOW (including the juvenile for which you are applying):**NAME(S) AND AGE(S):**

RESIDENCE OF DEPENDANT(S):

DO THE PARENTS RECEIVE ANY TYPE OF SUPPORT PAYMENT(S)? _____**IF YES, LIST MONTHLY AMOUNT(S) AND TYPE(S) OF SUPPORT(S) BELOW:**

DO THE PARENTS PAY SUPPORT ON A REGULAR BASIS FOR ANY CLAIMED DEPENDANT NOT RESIDING WITH YOU? _____**IF YES, LIST AMOUNT(S) AND INCLUDE DOCUMENTATION BELOW:**

PLEASE INDICATE THE COUNTY DOMESTIC RELATIONS OFFICE THROUGH WHICH PAYMENTS ARE MADE:

DO THE PARENTS **OWN** **RENT** **OTHER (PLEASE EXPLAIN BELOW)**

PARENTS' CHECKING ACCOUNT(S): **YES/NO** **IF YES, LIST FINANCIAL INSTITUTION(S)** **AMOUNT: \$** _____

PARENTS' SAVINGS ACCOUNT(S): **YES/NO** **IF YES, LIST FINANCIAL INSTITUTION(S)** **AMOUNT: \$** _____

PARENTS' AVAILABLE CASH: _____ **AMOUNT: \$** _____

JUVENILE'S SAVINGS/CHECKING ACCOUNT(S): **YES/NO** **IF YES, LIST FINANCIAL INSTITUTION(S)** **AMOUNT: \$** _____**PLEASE NOTE: VERIFICATION CONFIRMING THE ABOVE IS TO BE SUBMITTED WITH YOUR APPLICATION, IF APPLICABLE.**

MOTHER'S EMPLOYMENT

Parents must include with this application pay stubs for the last six (6) weeks. If parents OR any dependents are receiving Public Assistance, Food Stamps, Social Security Benefits, Unemployment Compensation, other government program income, Pension Benefits, Disability Insurance Benefits or Trust Income, parents must also include stubs or other documentation showing the amount that is received. Parents also hereby authorize this office to contact and receive information from any employer, government agency, or any other person or entity to verify their income.

MOTHER'S CURRENT OR FORMER EMPLOYER(S)		POSITION(S)	
MOTHER'S EMPLOYERS' ADDRESS(ES)			
DATES EMPLOYED: (START DATES)		(END DATES)	
SUPERVISORS' NAME(S)		PHONE NUMBERS	
\$	SALARIES/WAGES	(WEEKLY, BIWEEKLY, MONTHLY)	HOURS WORKED PER WEEK
OTHER MEANS OF INCOME (for parents or any dependents):			
PUBLIC ASSISTANCE:	\$	CASE NUMBER: _____	
	WEEKLY, BIWEEKLY, MONTHLY		
FOOD STAMPS:	\$	CASE NUMBER: _____	
	WEEKLY, BIWEEKLY, MONTHLY		
SOCIAL SECURITY:	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
UNEMPLOYMENT:	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
WORKMEN'S COMP.	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
PENSION:	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
DISABILITY:	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
TRUST INCOME:	\$		
	WEEKLY, BIWEEKLY, MONTHLY		
OTHER (SPECIFY)	\$		
	WEEKLY, BIWEEKLY, MONTHLY		

INCOME FROM OTHER HOUSEHOLD MEMBERS (non-dependents):

NAME <hr/>	RELATIONSHIP <hr/>
EMPLOYER <hr/>	\$ SALARY, WAGES, OTHER INCOME (WEEKLY, BIWEEKLY, MONTHLY) <hr/>

FATHER'S EMPLOYMENT

Parents must include with this application pay stubs for the last six (6) weeks. If parents OR any dependents are receiving Public Assistance, Food Stamps, Social Security Benefits, Unemployment Compensation, other government program income, Pension Benefits, Disability Insurance Benefits or Trust Income, parents must also include stubs or other documentation showing the amount that is received. Parents also hereby authorize this office to contact and receive information from any employer, government agency, or any other person or entity to verify their income.

FATHER'S CURRENT OR FORMER EMPLOYER(S)	POSITION(S)
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FATHER'S EMPLOYERS' ADDRESS(ES)

DATES EMPLOYED:	(START DATES)	(END DATES)
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SUPERVISORS' NAME(S)	PHONE NUMBERS
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\$ SALARIES/WAGES	(WEEKLY, BIWEEKLY, MONTHLY)	HOURS WORKED PER WEEK
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OTHER MEANS OF INCOME (for parents or any dependents which was not previously reported):

PUBLIC ASSISTANCE:	\$	WEEKLY, BIWEEKLY, MONTHLY	CASE NUMBER: _____
FOOD STAMPS:	\$	WEEKLY, BIWEEKLY, MONTHLY	CASE NUMBER: _____
SOCIAL SECURITY:	\$	WEEKLY, BIWEEKLY, MONTHLY	
UNEMPLOYMENT:	\$	WEEKLY, BIWEEKLY, MONTHLY	
WORKMEN'S COMP.	\$	WEEKLY, BIWEEKLY, MONTHLY	
PENSION:	\$	WEEKLY, BIWEEKLY, MONTHLY	
DISABILITY:	\$	WEEKLY, BIWEEKLY, MONTHLY	
TRUST INCOME:	\$	WEEKLY, BIWEEKLY, MONTHLY	
OTHER (SPECIFY)	\$	WEEKLY, BIWEEKLY, MONTHLY	

INCOME FROM OTHER HOUSEHOLD MEMBERS (non-dependents and not previously reported):

NAME	RELATIONSHIP
EMPLOYER	\$ SALARY, WAGES, OTHER INCOME (WEEKLY, BIWEEKLY, MONTHLY)

JUVENILE'S EMPLOYMENT

Parents must include with this application the juvenile's pay stubs for the last six (6) weeks. If the juvenile is receiving Public Assistance, Food Stamps, Social Security Benefits, Unemployment Compensation, other government program income, Pension Benefits, Disability Insurance Benefits or Trust Income, parents must also include stubs or other documentation showing the amount that is received. Parents also hereby authorize this office to contact and receive information from any employer, government agency, or any other person or entity to verify their income.

JUVENILE'S CURRENT OR FORMER EMPLOYER(S)	POSITION(S)
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JUVENILE'S EMPLOYER ADDRESS(ES)

DATES EMPLOYED:	(START DATES)	(END DATES)
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SUPERVISOR'S NAME(S)	PHONE NUMBERS
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\$	SALARIES/WAGES	(WEEKLY, BIWEEKLY, MONTHLY)	HOURS WORKED PER WEEK
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OTHER MEANS OF INCOME (for juvenile):

PUBLIC ASSISTANCE:	\$	WEEKLY, BIWEEKLY, MONTHLY	CASE NUMBER: _____
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FOOD STAMPS:	\$	WEEKLY, BIWEEKLY, MONTHLY	CASE NUMBER: _____
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SOCIAL SECURITY:	\$	WEEKLY, BIWEEKLY, MONTHLY
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UNEMPLOYMENT:	\$	WEEKLY, BIWEEKLY, MONTHLY
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WORKMEN'S COMP.	\$	WEEKLY, BIWEEKLY, MONTHLY
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PENSION:	\$	WEEKLY, BIWEEKLY, MONTHLY
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DISABILITY:	\$	WEEKLY, BIWEEKLY, MONTHLY
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TRUST INCOME:	\$	WEEKLY, BIWEEKLY, MONTHLY
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OTHER (SPECIFY)	\$	WEEKLY, BIWEEKLY, MONTHLY
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INCOME FROM OTHER HOUSEHOLD MEMBERS (not previously reported):

NAME	RELATIONSHIP
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EMPLOYER	\$ SALARY, WAGES, OTHER INCOME (WEEKLY, BIWEEKLY, MONTHLY)
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UNDERSTANDING THAT THE LAW PROVIDES PENALTIES FOR FALSEHOODS, WE HEREBY SWEAR THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT STATEMENTS. WE AGREE TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGES IN OUR FAMILY'S CONDITION IMMEDIATELY AS WELL AS CHANGES IN ADDRESS, TELEPHONE ETC. WE HEREBY ALSO AUTHORIZE THE PUBLIC DEFENDER'S OFFICE TO CONTACT OUR EMPLOYERS OR ANY OTHER INSTITUTION, AGENCY, PERSON OR ENTITY CONCERNING OUR FINANCIAL CONDITION OR ANY OTHER STATEMENT CONTAINED HEREIN AND FURTHER WE HEREBY AUTHORIZE ANY SUCH PERSON OR ENTITY TO RELEASE SUCH INFORMATION TO THE PUBLIC DEFENDER'S OFFICE AS MAY BE NECESSARY TO VERIFY THE STATEMENTS WE HAVE MADE HEREIN. WE ALSO UNDERSTAND THAT THE PUBLIC DEFENDER'S OFFICE WILL PETITION THE COURT FOR ATTORNEY'S FEES TO BE PAID BY US SHOULD WE FAIL TO PROVIDE FULL AND COMPLETE INFORMATION. IN THE EVENT THAT OUR APPLICATION IS ACCEPTED BY THE PUBLIC DEFENDER'S OFFICE FOR REPRESENTATION OF OUR JUVENILE, WE HEREBY AUTHORIZE THE PUBLIC DEFENDER TO CONTINUE THE JUVENILE'S HEARING/CONFERENCES, ETC. AT ANY TIME AND TO RESCHEDULE IT AT SUCH TIME AS THEY DEEM APPROPRIATE AND MOST EFFECTIVE.

DATE

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE

SIGNATURE OF JUVENILE

*****PLEASE BE ADVISED THAT IF YOU WISH TO HAVE WITNESSES PRESENT AT ANY STAGE OF THE JUVENILE'S PROCEEDINGS AND THEY WILL NOT COME VOLUNTARILY, IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE OF THE POSSIBLE NEED FOR SUBPOENAS.*****