

ADULT
APPLICATION FOR PUBLIC DEFENDER REPRESENTATION
****READ THE FOLLOWING CAREFULLY****

TO BE ELIGIBLE FOR REPRESENTATION BY THIS OFFICE, YOU MUST QUALIFY UNDER THE CURRENT GUIDELINES UPON WHICH THIS OFFICE IS GOVERNED.

YOU MUST COMPLETE AND COMPLY WITH ALL QUESTIONS ON THIS APPLICATION.

In order to determine your eligibility for legal representation by the Public Defender's Office of Clearfield County, **you must complete every question on the application.** If a question does not apply, please indicate with N/A. You must also include with the application verification of your financial status such as pay stubs, bank statements, and any other documentation indicated on the application form. Your application cannot be processed without the required information. If all required information is not enclosed, your application may be returned or denied.

If you are currently incarcerated, you must first forward your application to the officials of the prison in order for them to indicate the status of any account you may have at the institution. Upon release from the prison, you must reapply to this office to see if you still qualify for representation. Application forms are available at the Public Defender's Office located on the second floor at 230 East Market Street in Clearfield and at all Magistrate Offices.

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. The application itself acts as a release for this purpose.

If during the course of your case, your income should change, you must notify this office immediately. Failure to do so could result in this office filing a motion with the court for imposition of attorney's fees, which shall be paid by you.

You are further advised that the Public Defender's Office reserves the right to make attorney assignments, as the office deems appropriate, for any proceedings which you are involved in. You do not have the right to request a particular Public Defender. You may be represented by different attorneys from this office at various stages of your proceedings. If you choose to have a jury trial, the Chief Public Defender will then assign one (1) particular attorney for your trial.

If you are charged with a new offense while currently being represented by this office, or become involved with new proceedings such as probation/parole revocation, you must submit an entirely new application for representation for that charge and/or proceeding.

Please be advised that once you are sentenced and/or revoked, thirty-one (31) days after that, the Public Defender's Office no longer represents you. The case will be completed.

Please be advised that once you become a client of the Public Defender's Office everything pertaining to your case is confidential. Applications must be received in this office three (3) days before your scheduled proceedings. Applications received after will be rejected.

You must include a complete copy of the police criminal complaint including affidavit of probable cause. If you are presently incarcerated and do not have a copy, we will obtain a copy for you.

IF YOU CHOOSE TO IGNORE READING THE INSTRUCTIONS, AND YOUR APPLICATION IS RETURNED TO YOU, THE PUBLIC DEFENDER'S OFFICE IS NOT RESPONSIBLE IF YOU DO NOT HAVE COUNSEL FOR YOUR SCHEDULED PROCEEDINGS

PLEASE RETURN COMPLETED APPLICATION TO:

Public Defender's Office of Clearfield County
Suite 222
230 East Market Street
Clearfield, PA 16830

Applications may be faxed to the following number:
Fax number 814-765-7203

If you have any questions, you may contact us at:
Phone number 814-765-2641 extension 5007

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

OFFICE USE ONLY

DATE RECEIVED:

APPROVED:

REJECTED:

REASON FOR
REJECTION:

ADVISED
PERSONALLY:

LETTER:

APPLICATION
RETURNED
INCOMPLETE:

LACK OF
DOCUMENTATION

NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

ADDRESS

SOCIAL SECURITY NO.

CITY

STATE

ZIP CODE

PHONE NUMBER

CELL PHONE NUMBER

ARE YOU INCARCERATED? _____

DATE OF INCARCERATION: _____

BAIL AMOUNT: \$ _____

HOW POSTED: _____
(BAIL BONDSMAN, CASH, REALITY)

I AM INVOLVED IN THE FOLLOWING PROCEEDINGS:

_____ CRIMINAL CHARGE

_____ APPEAL OF SENTENCE

_____ PROBATION/PAROLE VIOLATION

_____ EXTRADITION

_____ OTHER (PLEASE SPECIFY)

_____ INDIRECT CRIMINAL CONTEMPT

_____ CO-DEFENDANTS

_____ BENCH WARRANT

I AM INVOLVED IN THE FOLLOWING COURT HEARING:

_____ PRELIMINARY HEARING

_____ MOTIONS COURT

_____ PLEA & SENTENCING / ARD COURT

_____ REVOCATION COURT

_____ OTHER (PLEASE SPECIFY)

_____ PENDING CASE / NO HEARING DATE

_____ CRIMINAL CALL / PRE-TRIAL CONFERENCE / JURY SELECTION

NAME OF CO-DEFENDANTS: _____

CRIMINAL CHARGES: _____

HEARING DATE: _____

MAGISTRATE/JUDGE: _____

ARRESTING OFFICER: _____

DATE OF INCIDENT: _____

DO YOU HAVE ANY PRIOR CONVICTIONS: _____

IF YES, PLEASE LIST OFFENSE AND DATE: _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE: _____

WHO IS YOUR PROBATION OR PAROLE OFFICER: _____

MARITAL STATUS:

_____ MARRIED

_____ SINGLE

_____ SEPARATED

_____ WIDOWED

_____ DIVORCED

DEPENDANTS:

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

LIST DEPENDANTS BELOW:

NAME(S) AND AGE(S):

RESIDENCE OF DEPENDANT(S):

DO YOU RECEIVE ANY TYPE OF SUPPORT PAYMENT(S)? _____

IF YES, LIST MONTHLY AMOUT(S) AND TYPE(S) OF SUPPORT(S) BELOW:

DO YOU 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 YOU _____ **OWN** _____ **RENT** _____ **OTHER (PLEASE EXPLAIN BELOW)**

CHECKING ACCOUNT: _____
YES/NO IF YES, LIST FINANCIAL INSTITUTION

AMOUNT: \$ _____

SAVINGS ACCOUNT: _____
YES/NO IF YES, LIST FINANCIAL INSTITUTION

AMOUNT: \$ _____

AVAILABLE CASH: _____

AMOUNT: \$ _____

JAIL ACCOUNT TO BE COMPLETED BY JAIL OFFICIAL

AMOUNT: \$ _____

PLEASE NOTE: VERIFICATION CONFIRMING THE ABOVE IS TO BE SUBMITTED WITH YOUR APPLICATION, IF APPLICABLE.

EMPLOYMENT:

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

CURRENT OR FORMER EMPLOYER**POSITION**

EMPLOYERS ADDRESS

DATES EMPLOYED: (START DATE)**(END DATE)**

SUPERVISORS NAME**PHONE NUMBER**

**\$
SALARY/WAGES (WEEKLY, BIWEEKLY, MONTHLY)**

HOURS WORKED PER WEEK

OTHER MEANS OF INCOME:**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:**

NAME

RELATIONSHIP

EMPLOYER

**\$
SALARY, WAGES, OTHER INCOME
(WEEKLY, BIWEEKLY, MONTHLY)**

UNDERSTANDING THAT THE LAW PROVIDES PENALTIES FOR FALSEHOODS, I HEREBY SWEAR THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT STATEMENTS. I AGREE TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGES IN MY FINANCIAL CONDITION IMMEDIATELY AS WELL AS CHANGES IN ADDRESS, TELEPHONE ETC. I HEREBY ALSO AUTHORIZE THE PUBLIC DEFENDER'S OFFICE TO CONTACT MY EMPLOYERS OR ANY OTHER INSTITUTION, AGENCY, PERSON OR ENTITY CONCERNING MY FINANCIAL CONDITION OR ANY OTHER STATEMENT CONTAINED HEREIN AND FURTHER I 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 I HAVE MADE HEREIN. I ALSO UNDERSTAND THAT THE PUBLIC DEFENDER'S OFFICE WILL PETITION THE COURT FOR ATTORNEY'S FEES TO BE PAID BY ME SHOULD I FAIL TO PROVIDE FULL AND COMPLETE INFORMATION. IN THE EVENT THAT I AM ACCEPTED BY THE PUBLIC DEFENDER'S OFFICE FOR REPRESENTATION, I REQUEST THAT THE PUBLIC DEFENDER'S OFFICE RELEASE INFORMATION TO _____. (LEAVE THIS BLANK IF YOU DO (ONE FAMILY MEMBER) NOT WANT INFORMATION RELEASED). I FURTHER HEREBY AUTHORIZE THE PUBLIC DEFENDER TO CONTINUE MY HEARING/CONFERENCES, ETC. AT ANY TIME AND TO RESCHEDULE IT AT SUCH TIME AS THEY DEEM APPROPRIATE AND MOST EFFICIENT. I UNDERSTAND THE PUBLIC DEFENDER'S OFFICE RESERVES THE RIGHT, IN THEIR SOLE DISCRETION, TO REVOKE MY AUTHORIZATION TO RELEASE INFORMATION AT ANY TIME.

DATE

SIGNATURE

*****PLEASE BE ADVISED THAT IF YOU WISH TO HAVE WITNESSES PRESENT AT YOUR PRELIMINARY HEARING, AND THEY WILL NOT COME VOLUNTARILY, IT IS YOUR RESPONSIBILITY TO NOTIFY THE MAGISTRATE'S OFFICE AND HAVE SUBPOENA'S ISSUED.*****