

# COLUMBIA COUNTY PUBLIC DEFENDER'S OFFICE

Physical address: 26 West First Street, Bloomsburg, PA 17815

Mailing address: P.O. Box 380, Bloomsburg, PA 17815

Office: (570) 389-6326 | Fax: (570) 387-6502

Hours: M-F 8:00am to 4:30pm

## **APPLICATION FOR PUBLIC DEFENDER**

### **IMPORTANT INFORMATION FOR APPLICANTS**

- Complete this application as accurately as possible. The Public Defender's Office reserves the right to reject any application that is found to be inaccurate or incomplete.
- Proof of income is **REQUIRED** with your Application. Accepted forms of documentation include, but are not limited to, pay stubs, W2's, income tax returns, benefit verification letters from Social Security, SSI or Medicare, etc. **FAILURE TO PROVIDE PROOF OF INCOME WILL DELAY THE PROCESSING OF YOUR APPLICATION AND MAY RESULT IN DENIAL OF PUBLIC DEFENDER SERVICES.**
- If claiming no income or unemployed, an investigation into how you support yourself will be conducted by the Public Defender's Office.
- You must attend all hearings or Court dates unless otherwise instructed by the Public Defender's Office.
- You must inform the Public Defender's Office of any changes in address and/or phone number. Your Attorney must have a way to contact you regarding any important developments in your case.
- You must notify the Public Defender's Office if you obtain or change employment status while you are being represented. **FAILURE TO REPORT ANY CHANGE IN EMPLOYMENT STATUS MAY RESULT IN WITHDRAWAL OF COUNSEL.**
- Providing false information on your Application for Public Defender could result in withdrawal of Counsel and criminal charges.
- If you are incarcerated at any time, please note that the Public Defender's Office does not accept collect or fee based phone calls. Requests for petitions, updates, or any other legal concerns must be put in writing and mailed to your Attorney or discussed with your Attorney during an appointment.
- If you are incarcerated and released, you are required to update your application by submitting an updated information sheet to the Public Defender's Office within 30 days of your release.

**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST  
ONE WEEK PRIOR TO YOUR HEARING**

**\*\*\*APPLICANTS KEEP THIS PAGE FOR FUTURE REFERENCE\*\*\***

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NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

ARE YOU INCARCERATED: YES [ ] NO [ ] IF SO, WHERE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip code

PHONE/CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_-\_\_\_\_-\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NUMBER OF ADULTS IN YOUR HOUSEHOLD: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

NUMBER OF CHILDREN IN HOUSEHOLD: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP STATUS: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ INTERPERTER NEEDED: YES [ ] NO [ ]

ALTERNATE ADDRESS: \_\_\_\_\_  
Street City State Zip code

ALTERNATE PHONE/CELL NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

CURRENT CHARGES: \_\_\_\_\_

DATE(S) AND LOCATION OF ALLEGED OFFENSE(S): \_\_\_\_\_

POLICE OFFICER or DEPARTMENT FILING CHARGES: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_-\_\_\_\_-\_\_\_\_ AT \_\_\_\_: \_\_\_\_ a.m/p.m.

DISTRICT JUSTICE: (Circle One) **BERWICK – BLOOMSBURG – CATAWISSA – MILLVILLE**

BAIL SET AT: \_\_\_\_\_ Secured/Cash [ ] (Check all that apply)  
10% [ ]  
Unsecured [ ]

EDUCATION: Doctorate/Masters [ ] (Check all that apply)  
College [ ]  
HS Diploma [ ]  
GED [ ]  
Last Grade Completed: \_\_\_\_\_

MILITARY SERVICE: Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ Discharge: \_\_\_\_\_

**ARE YOU EMPLOYED? YES [ ] NO [ ]**

IF YES, WHERE: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

**TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_**

**PAST 12 MONTHS: \$ \_\_\_\_\_**

IF CURRENTLY UNEMPLOYED, LAST PLACE OF EMPLOYMENT: \_\_\_\_\_

DATE OF LAST EMPLOYMENT: \_\_\_\_\_

IF INCARCERATED: IS THERE A JOB WAITING FOR YOU? YES [ ] NO [ ]

IF YES, WHERE: \_\_\_\_\_

DO YOU HAVE ANY MONEY? YES NO HOW MUCH:

IN THE BANK: [ ] [ ] \_\_\_\_\_

IN THE JAIL: [ ] [ ] \_\_\_\_\_

AT HOME: [ ] [ ] \_\_\_\_\_

ELSEWHERE : [ ] [ ] \_\_\_\_\_

ON YOUR PERSON: [ ] [ ] \_\_\_\_\_

DO YOU RECEIVE ANY OTHER INCOME FROM SOC. SEC., SUPPORT, UNEMPLOYMENT, DISABILITY? YES [ ] NO [ ]

IF YES, SOURCE: \_\_\_\_\_ MONTHLY AMOUNT: \_\_\_\_\_

DOES YOUR SPOUSE RECEIVE ANY OTHER INCOME FROM SOC. SEC., SUPPORT, UNEMPLOYMENT, DISABILITY? YES [ ] NO [ ]

IF YES, SOURCE: \_\_\_\_\_ MONTHLY AMOUNT: \_\_\_\_\_

DOES YOUR SPOUSE WORK? YES [ ] NO [ ]

IF YES, WHERE: \_\_\_\_\_

TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_

DO YOU [ ] OWN YOUR HOME?

[ ] RENT?

MONTHLY PAYMENT: \_\_\_\_\_

DO YOU OWN OTHER PROPERTY? YES [ ] NO [ ]

IF YES, DESCRIBE: \_\_\_\_\_

DO YOU OWN A MOTOR VEHICLE? YES [ ] NO [ ]

IF YES, TYPE, YEAR, MODEL: \_\_\_\_\_

AMOUNT OF MONTHLY PAYMENT: \_\_\_\_\_

CAN YOU OBTAIN MONEY FROM FAMILY OR ASSOCIATES? YES [ ] NO [ ]

DO YOU HAVE ANY PHYSICAL DISABILITIES? YES [ ] NO [ ]

IF YES, DESCRIBE: \_\_\_\_\_

DO YOU SUFFER FROM ANY ADDICTION TO DRUGS OR ALCOHOL? YES [ ] NO [ ]

IF YES, DESCRIBE: \_\_\_\_\_  
CURRENT TREATMENT: \_\_\_\_\_  
PREVIOUS TREATMENT: \_\_\_\_\_  
INTERESTED IN TREATMENT: YES [ ] NO [ ]

DO YOU HAVE ANY OTHER CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

YES [ ] NO [ ]  
IF YES, WHERE: \_\_\_\_\_  
CHARGES: \_\_\_\_\_  
NAME OF ATTORNEY: \_\_\_\_\_

HAVE YOU EVER BEEN REPRESENTED BY AN ATTORNEY IN A CRIMINAL CASE?

YES [ ] NO [ ]  
IF YES, WHERE: \_\_\_\_\_  
NAME OF ATTORNEY: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES [ ] NO [ ]

LIST ALL PRIOR CONVICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I, the undersigned Defendant, being duly sworn, depose and say that the facts contained herein are true and correct to the best of my knowledge, information, and belief. I understand that if any information is false, I will be prosecuted to the fullest extent of the law realizing that perjury is a felony, and the punishment is a fine of not more than \$15,000 or imprisonment for not more than seven (7) years, or both. I also acknowledge that I have read over the Applicant's Important Information provided for me on this application, and I agree to abide by the declarations made.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- If someone assisted you with filling out this application:

Their name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to the Defendant \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_/\_\_/\_\_\_\_

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> ELIGIBLE | <input type="checkbox"/> CONFLICT             | <input type="checkbox"/> INELIGIBLE                      |
|                                   | <input type="checkbox"/> This case            | <input type="checkbox"/> Income/Assets                   |
|                                   | <input type="checkbox"/> Other case _____     | <input type="checkbox"/> Matter Not Handled by PD Office |
|                                   | <input type="checkbox"/> Co-Defendant _____   |  |
|                                   | <input type="checkbox"/> Victim/Witness _____ |  |

ATTORNEY ASSIGNED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_