

COLUMBIA COUNTY PUBLIC DEFENDER'S OFFICE

P.O. BOX 380  
BLOOMSBURG, PA 17815

(570) 416-5792 OFFICE  
(570) 387-6502 FAX

**APPLICATION FOR COLUMBIA COUNTY PUBLIC DEFENDER**

**MUST BE SUBMITTED 48 HOURS BEFORE YOUR HEARING FOR PROCESSING OR AN ATTORNEY MAY NOT BE AVAILBLE FOR REPRESENTATION**

**FOR OFFICE USE ONLY**

REPRESENTATION IS:

ELIGIBLE

INELIGIBLE

CONFLICT

TO \_\_\_\_\_

\_\_\_ Income/Assets  
\_\_\_ Matter Not Handled by PD Office  
\_\_\_\_\_  
\_\_\_\_\_

CONFLICT WITH: \_\_\_\_\_  
\_\_\_ Victim/Witness  
\_\_\_ Co-Defendant  
\_\_\_\_\_

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

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

**Date: \_\_\_\_\_ By: \_\_\_\_\_  CCP  OFFICE  OTHER**

NAME: \_\_\_\_\_ ARE YOU IN JAIL: YES \_\_\_\_\_ NO \_\_\_\_\_  
Where: \_\_\_\_\_

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

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

CITIZENSHIP STATUS: \_\_\_\_\_  
PRIMARY LANGUAGE: \_\_\_\_\_ INTERPERTER NEEDED: YES \_\_\_\_\_ NO \_\_\_\_\_

ALTERNATE ADDRESS OR CONTACT PERSON \_\_\_\_\_  
ALTERNATE NUMBER: \_\_\_\_\_

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

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

DISTRICT JUSTICE: (Circle One) **BERWICK – BLOOMSBURG – CATAWISSA – MILLVILLE**  
or OTHER: \_\_\_\_\_

DATE & PLACE OFFENSE ALLEGEDLY TOOK PLACE:  
\_\_\_\_\_

BAIL SET AT: \_\_\_\_\_ Cash [ ] 10% [ ] Other [ ]  
 EDUCATION: \_\_\_\_\_ College [ ] HS Diploma [ ] GED [ ] Last Grade: \_\_\_\_  
 MILITARY SERVICE: Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ Discharge: \_\_\_\_\_

1. ARE YOU EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. WHERE: \_\_\_\_\_ or LAST PLACE OF EMPLOYMENT: \_\_\_\_\_
  - b. DATES OF CURRENT OR LAST EMPLOYMENT: \_\_\_\_\_
  - c. TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_  
 PAST 12 MONTHS: \$ \_\_\_\_\_
  - d. IS THERE A JOB WAITING FOR YOU YES \_\_\_\_\_ NO \_\_\_\_\_ WHERE: \_\_\_\_\_
  
2. DO YOU HAVE ANY MONEY? NO YES HOW MUCH
  - a. IN THE BANK [ ] [ ] \_\_\_\_\_
  - b. IN THE JAIL [ ] [ ] \_\_\_\_\_
  - c. AT HOME [ ] [ ] \_\_\_\_\_
  - d. ELSEWHERE [ ] [ ] \_\_\_\_\_
  - e. ON YOUR PERSON [ ] [ ] \_\_\_\_\_
  
3. DO YOU RECEIVE ANY OTHER INCOME FROM SOC SEC, SUPPORT, UNEMPLOYMENT, DISABILITY?
  - a. IF YES: SOURCE \_\_\_\_\_ MONTHLY AMOUNT \_\_\_\_\_
  - b. DOES YOUR SPOUSE OR LIVE IN COMPANION? SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_
  
4. DOES YOUR SPOUSE OR LIVE IN COMPANION WORK: YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. WHERE \_\_\_\_\_ TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_
  
5. DO YOU [ ] OWN YOUR HOME \_\_\_\_\_ (MORTGAGE) [ ] RENT \_\_\_\_\_ PER MONTH
  - a. OTHER PROPERTY \_\_\_\_\_
  
6. DO YOU OWN A MOTOR VEHICLE: [ ] NO [ ] YES
  - a. TYPE, YEAR, MODEL \_\_\_\_\_
  - b. MONTHLY PAYMENTS: \_\_\_\_\_
  
7. CAN YOU OBTAIN MONEY FROM FAMILY OR ASSOCIATES? YES \_\_\_\_\_ NO \_\_\_\_\_
  
8. DO YOU HAVE ANY PHYSICAL DISABILITIES? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If YES Specify: \_\_\_\_\_
  
9. DO YOU SUFFER FROM ANY ADDICTION TO DRUGS OR ALCOHOL? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. IF YES SPECIFY: \_\_\_\_\_
  - b. RECEIVING ANY TREATMENT: \_\_\_\_\_
  - c. PREVIOUS TREATMENT: \_\_\_\_\_ WHEN: \_\_\_\_\_
  - d. INTERESTED IN GOING TO TREATMENT: YES \_\_\_\_\_ NO \_\_\_\_\_
  
10. HAVE YOU EVER BEEN REPRESENTED BY AN ATTORNEY IN A CRIMINAL CASE?
  - a. YES \_\_\_\_\_ NO \_\_\_\_\_ PRIVATE ATTORNEY Name: \_\_\_\_\_  
 PUBLIC DEFENDER'S Name: \_\_\_\_\_
  - b. IF SO, WHEN? \_\_\_\_\_
  - c. WHAT CHARGES? \_\_\_\_\_

<b>IMPORTANT INFORMATION FOR PUBLIC DEFENDER APPLICANTS</b>
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- ➔ Complete this Application as accurately as possible. All Public Defenders reserve the right to reject any Application that is found to be not accurate or not complete.
- ➔ Please provide proof of income with your Application, pay stub, W2, income taxes.
- ➔ You must attend all hearings or Court dates unless otherwise instructed by the Attorney.

- You must inform your Public Defender of any changes in address and/or phone number. Your Public Defender must have a way to contact you regarding any important developments in your case.
- You must notify your Public Defender if you obtain or change employment status while you are being represented.
- Lack of reporting any change in employment status could result in withdrawal of counsel.
- Giving false information to affect eligibility for Public Defender Services could result in automatic withdrawal of Counsel.
- If you are incarcerated at any time, please note that Public Defenders do not accept collect or fee based phone calls. Requests for petitions, updates, or any other legal concern must be put in writing and mailed to your Public Defender.

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.

**SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If someone assisted you with filling out this application: Their name \_\_\_\_\_

Signature \_\_\_\_\_

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