

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) **KNECHT -- LAWTON-- LONG-- BREWER**

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? _____

IMPORTANT INFORMATION FOR PUBLIC DEFENDER APPLICANTS

- ➔ 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 on 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 change 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 with in withdrawal of counsel.
- Giving false information to affect eligibility for Public Defender Services could will result in automatic withdraw 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 _____