

Office of the Union County Public Defender

Union County Courthouse
103 South Second Street
Lewisburg, PA 17837
(570) 524-8780
FAX: (570) 524-8740
EMAIL- ucpd@unionco.org

OFFICIAL USE ONLY

Qualified (Date/Reason):

Denied (Date/Reason):

READ ALL DIRECTIONS VERY CAREFULLY

It is the responsibility of the Office of the Public Defender to provide free legal representation for persons charged with **criminal offenses** in **Union County**, who for lack of funds are unable to afford an attorney. Representation is also available in some juvenile and domestic relations matters. You may be eligible for services. All public defenders are attorneys at law admitted to practice before the Superior and Supreme Courts of Pennsylvania.

1) ALL INFORMATION MUST BE COMPLETE, AND THE APPLICATION MUST BE SIGNED IN ORDER FOR IT TO BE VALID. IT WILL NOT BE VALID OTHERWISE.

2) IF AN APPLICATION DOES NOT PROVIDE THE PROOF OF FINANCIAL/HOUSEHOLD INCOME, THE APPLICATION CANNOT BE PROCESSED.

Please mail, email, fax or submit in person your completed application and appropriate financial/household documentation. The office is open between 8:30 a.m. and 4:30 p.m., Monday through Friday. If the office is not staffed you can leave a message on our voicemail at 570.524.8780 indicating that you need to drop off an application.

YOU MUST TURN IN YOUR FULLY COMPLETED APPLICATION AT LEAST 10 BUSINESS DAYS BEFORE YOUR SCHEDULED HEARING.

In addition to your application, you **MUST** provide financial/household information. **CHOOSE ONE OF THE FOLLOWING ITEMS AND ATTACH IT TO YOUR APPLICATION.**

- Last four (4) pay stubs
- Copy of Unemployment Compensation check, statement, or letter
- Statement of benefits from Department of Public Assistance
- Copy of Social Security Statement, Disability Statement or Veterans Compensation Statement
- Copy of your most recent Federal Income Tax Return
- If you can be or are claimed as a dependent by another person for Federal Income Tax purposes, please provide written verification of financial information for that person.

IF YOU CANNOT PROVIDE FINANCIAL/HOUSEHOLD INFORMATION, YOU MUST COMPLETE THE LETTER OF FINANCIAL CIRCUMSTANCES (ATTACHED TO THE APPLICATION).

YOU MUST ATTACH ALL COPIES OF COURT PAPERS PERTAINING TO THIS APPLICATION, INCLUDING THE CHARGES AND THE COURT DATE.

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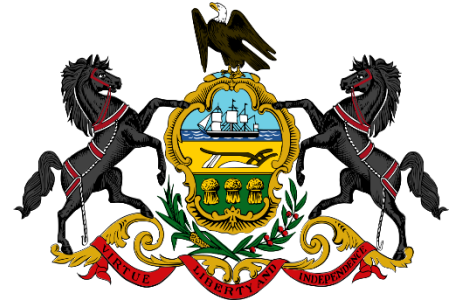
103 South Second Street

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If you are mailing your application you should follow up with the office in the next seven (7) days to be sure the application was received. The mailing address is listed above.

APPLICATION FOR PUBLIC DEFENDER SERVICES

ARE YOU IN JAIL: YES _____ NO _____

WHERE: _____ BAIL: _____ (Reminder if you are incarcerated in a correctional facility and post bail you must notify this office as soon as possible and provide your financial/household documentation).

ARE YOU A VETERAN: YES _____ NO _____

ARE YOU CLASSIFIED AS DISABLED VETERAN: YES _____ NO _____

NAME: _____ DATE OF BIRTH: ___/___/___

HOME ADDRESS: _____

IF YOU CHANGE YOUR ADDRESS AFTER SUBMITTING THIS APPLICATION, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

CAN WE LEAVE MESSAGES AT THESE NUMBERS? YES NO (CIRCLE ONE)

IF YOU CHANGE YOUR PHONE NUMBER AFTER SUBMITTING THIS APPLICATION, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.

E-MAIL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

MARITAL STATUS: Single _____ Married _____ (Spouse's Name: _____)

Divorced _____ Separated _____

NUMBER OF ADULTS IN **YOUR** HOUSEHOLD: _____ NUMBER OF CHILDREN: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ **You must provide your license at the time you submit your application for services.**

IF NOT,
PLEASE EXPLAIN: Do you have an Identification Card? If so please provide.

CHARGES IN **UNION COUNTY**: _____

CHARGES IN OTHER COUNTIES: _____

ARE YOU REPRESENTED? **YES** **NO** (CIRCLE ONE)

IF SO, WHO IS REPRESENTING YOU? _____
(NAME) (PHONE #)

DATE OF CHARGES: ___/___/___

OTHER PARTICIPANTS CHARGED: _____

TYPE OF HEARING: Preliminary Arraignment Plea Sentencing Probation Contempt
(Please Circle One)
Domestic Relations Contempt Revocation (ARD/PV) Bail Modification
Pre-Trial Conference Indirect Criminal Contempt Trial Appeal
Post-Trial Motion PCRA

DISTRICT JUDGE: _____ or

COMMON PLEAS JUDGE: _____

Hearing Date: ___/___/___ **TIME:** ___:___ **AM/PM**

ARE YOU ON PROBATION IN THIS COUNTY, OR ANOTHER COUNTY: (CIRCLE ONE) YES or NO
IF SO, PLEASE EXPLAIN: _____

PREVIOUS CHARGES: _____ COUNTY: _____ ATTORNEY: _____

PROBATION OFFICER: _____ CASEWORKER: (DOMESTIC RELATIONS): _____

ARE YOU EMPLOYED: (CIRCLE ONE) **YES** or **NO**
IF YES, PLACE OF EMPLOYMENT: _____ PHONE: _____
TAKE HOME PAY: WEEKLY \$ _____ MONTHLY \$ _____ PAST 12 MONTHS \$ _____

IS YOUR SPOUSE EMPLOYED: (CIRCLE ONE) **YES** or **NO**
IF YES, PLACE OF EMPLOYMENT: _____ PHONE: _____
TAKE HOME PAY: WEEKLY \$ _____ MONTHLY \$ _____ PAST 12 MONTHS \$ _____

LIST ALL OTHER FINANCIAL INFORMATION:

- Do you have any money in a bank, savings and loan, or credit union? _____
- List location, type of account & balances: _____
- Do you have any other money at this time? _____ -- _____

DO YOU COLLECT ANY OF THE FOLLOWING (CIRCLE): Unemployment Compensation

Spousal Support Disability Child Support Social Security Veterans Benefits

Other: _____

Public Assistance **CIRCLE ONE** (Food Stamps/Cash/Medical Card): AMOUNT (per month): _____

LIVING SITUATION:

Do you rent? **CIRCLE: YES** or **NO**

Rent per month \$ _____ Landlord: _____

Did you live in someone else's home? **CIRCLE: YES** or **NO** Are you paying this person rent? **YES** or **NO**

Name: _____ Board \$ _____

Original Cost \$ _____ Current Balance \$ _____

Do you own your home? **CIRCLE YES** or **NO**

Other property assets: _____

VEHICLES/OTHER DEBTS:

Year & Make of Vehicle owned: _____ Monthly payment: \$ _____

Do you have any credit cards? If so, list name of card and balance owed:

DEPENDANTS:

How many people do you support (include yourself):

Names and ages: _____

Names and addresses of persons you claim as dependents:

EACH APPLICATION APPLIES TO **ONE MATTER**.

IF YOU HAVE MORE THAN ONE CASE YOU MUST APPLY SEPARATELY.

By submitting an application, you are authorizing the Union County Public Defender's Office to reveal the fact that you applied for our services to others, including but not limited to, court and office personnel.

AFFIDAVIT

I, the undersigned, verify that I have completed the foregoing application for appointment of public defender that:

1. I have read the foregoing application and understand its contents. The facts therein contained are true and correct to the best of my knowledge, information and belief, except as to matters therein stated to be alleged as to persons other than myself.
2. I authorize any persons or agencies named in the foregoing application having information about my financial condition and health to release such information to any duty authorized official of the Court. In particular, I authorize and empower the Internal Revenue Service, my employers, any banks, the Department of Public Welfare and the Social Security Administration to release any information pertaining to my health or financial situation.
3. The foregoing application is made to inform the Court as to my financial status which could lead the Court to appoint free counsel to defend me against the criminal charges which have been brought against me. **I agree to notify the Court within 48 hours, through the Office of the Court Administrator and the Office of the Public Defender of any improvement in my financial situation from the date of the application until the final disposition of the charges.**
4. I understand that false statements made in the foregoing application are made subject to the penalties of 18 PA.C.S.A. §4904 relating to unsworn falsification to authorities, a conviction of which is made punishable by not more than two years imprisonment or a fine of \$5,000.00, or both.

Date

Signature of Applicant