

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):

OFFICE HOURS: MONDAY - FRIDAY

8:30 a.m. to 4:30 p.m.

OFFICE CLOSED each day from 12 to 1 staff lunchtime

Applications can be dropped off at the office during business hours, emailed (email address listed above) or faxed (fax number listed above)

YOU MUST TURN IN YOUR FULLY COMPLETED APPLICATION AT LEAST 10 BUSINESS DAYS BEFORE YOUR SCHEDULED HEARING. ACTION WILL NOT BE TAKEN ON APPLICATIONS SUBMITTED TWO DAYS OR LESS BEFORE YOUR HEARING.

WHEN SUBMITTING AN APPLICATION FOR SERVICES, YOU MUST BRING A COPY OF YOUR CRIMINAL COMPLAINT, AFFIDAVIT OF PROBABLE CAUSE ANY COURT PAPERS RELATING TO THE ALLEGED CHARGES FAILURE TO DO SO COULD CAUSE A DELAY IN PROCESSING OF THE APPLICATION.

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.**

YOU NEED TO READ THE BELOW INSTRUCTIONS VERY CAREFULLY. IF PROPER INFORMATION IS NOT PROVIDED, THERE COULD BE A DELAY IN PROCESSING THE APPLICATION.

IF ANYONE CONTRIBUTES TO YOUR HOUSEHOLD INCOME, YOU ARE REQUIRED TO PROVIDE THE DOCUMENTATION WHICH CAN INCLUE THE FOLLOWING:

- 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 from that person

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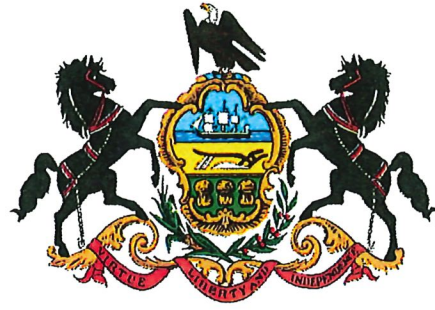
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If you are mailing your application you should follow up with the office in the next seven (7) days to be sure the application was received. The mailing address is listed above.

APPLICATION FOR PUBLIC DEFENDER SERVICES

ARE YOU IN JAIL: YES _____ NO _____

WHERE: _____ BAIL: _____ (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).

IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IF YOU RETAIN PRIVATE COUNSEL.

ARE YOU A VETERAN: YES _____ NO _____

ARE YOU CLASSIFIED AS DISABLED VETERAN: YES _____ NO _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____

HOME ADDRESS: _____ APT. NO: _____

P.O. BOX _____

CITY: _____ STATE: _____ ZIP: _____

IT IS EXTREMELY IMPORTANT THAT WE ARE ABLE TO CONTACT YOU AT ALL TIMES DURING OUR REPRESENTATION. WE MUST HAVE ALL CURRENT ADDRESSES AND PHONE NUMBERS. IT IS A CONDITION OF BAIL THAT YOU ADVISE COUNSEL, CLERK OF COURTS AND DISTRICT ATTORNEY OF ANY CHANGES.

PRIMARY PHONE NUMBER: _____ CELL NUMBER: _____

EMERGENCY CONTACT: INFORMATION: _____ PHONE NUMBER _____

CAN WE LEAVE MESSAGES AT EITHER NUMBER? YES NO (CIRCLE ONE)

E-MAIL: _____ **PLEASE PRINT CLEARLY**

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 IN ANOTHER COUNTY? **YES** **NO** (CIRCLE ONE)

IF SO, WHO IS REPRESENTING YOU? _____

(NAME)

(PHONE #)

DATE OF CHARGES: ____/____/____

OTHER CO-DEFENDANT(s): _____

TYPE OF HEARING IN UNION COUNTY Preliminary Arraignment Plea Sentencing

(Please Circle One) Probation Contempt Domestic Relations Contempt Revocation (ARD/PV)

Bail Modification Pre-Trial Conference Indirect Criminal Contempt

Trial Appeal

OTHER _____

DISTRICT JUDGE: _____ **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 ASSETS:

Do you have any money in a bank, savings and loan, or credit union? _____ Amount _____

- List location, type of account & balances: _____
- Do you have any other money at this time? _____ Amount _____
- Do you receive a monthly pension? _____ Amount: _____
- Do you receive Social Security? _____ Amount: _____
- Does your spouse/significant other receive Social Security? _____ Amount: _____

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

Spousal Support Disability Child Support Social Security Veterans Benefits

Pension Other: _____

Public Assistance: **(CIRCLE)** (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 \$ _____

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

Original Cost \$ _____ Monthly Mortgage Payment \$ _____

VEHICLES/OTHER DEBTS:

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

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

DEPENDENTS:

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 and 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 duly 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 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

LETTER OF FINANCIAL SITUATION

If you are unable to provide any financial documentation then you must provide a letter of your financial situation.

Please explain to the best of your ability what your financial/household circumstances are at this time.

IF YOU ARE NOT EMPLOYED ANSWER THE FOLLOWING QUESTIONS BELOW:

Are you actively looking for employment?

Have you submitted applications to potential employers? Who?

Have you applied for Unemployment? What was the result?

Have you received a call that you are to be interviewed? When?

**ARE YOU RECEIVING ASSISTANCE OF ANY KIND? (Circle) YES OR NO
IF YES, PLEASE EXPLAIN.**

**HOW ARE YOU SUPPORTING YOURSELF?
PLEASE EXPLAIN.**

**IF YOU ARE UNEMPLOYED, WHO IS ASSISTING YOU WITH MONTHLY BILLS,
UTILITIES, RENT, GROCERIES, GAS AND EVERDAY EXPENSES?
PLEASE EXPLAIN.**