

OFFICE OF THE MONTOUR COUNTY PUBLIC DEFENDER
12 West Market Street
Post Office Box 179
Danville, PA 17821
(570)-275-3541

PUBLIC DEFENDER APPLICANTS IMPORTANT NOTIFICATION

When filling out the application for a Public Defender, you must fill this application out as accurately as possible. I reserve the right to reject any application that is not accurately completed. If an answer is not applicable write N/A on the appropriate line.

In addition, this application must be received three (3) days prior to your hearing at the magistrate to allow enough time to schedule and prepare for your hearing.

If you are released on bail, it is your responsibility to schedule an appointment with me to go over your case.

IF YOU ARE ACCEPTED, YOU HAVE THE FOLLOWING RESPONSIBILITIES:

- A. You must provide me with a current address and telephone number. You must let me know immediately if your address or telephone number changes.
- B. You must attend all hearings and meetings with your attorney as requested. Appointments will be scheduled, if necessary, two to three days prior to your hearing.
- C. You must be completely truthful with me. I can only help you if you are honest with me.
- D. You must cooperate with me and my office staff. Failure to do so will only hurt your defense.
- E. Should you become employed during the course of my representation as Public Defender, you must notify my office immediately as to the nature of the employment and pay rate.
- F. You must supply my office with a copy of your charges when you submit your application.
- G. It is your responsibility to arrive on time for all scheduled appointments at my office and to arrange for transportation to my office.

ATTENTION: YOU MUST ATTACH ALL OF YOUR CHARGE PAPERS!!!!

Montour County Public Defender's Office

APPLICATION FOR ASSIGNMENT OF LEGAL COUSEL

DEFENDANT'S NAME _____

MAIDEN NAME _____

ADDRESS _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ PHONE NO. _____

LIVES WITH _____

CHARGE(S) _____

DATE/PLACE OF ALLEGED OFFENSE _____

EDUCATION _____

DATE AND TIME OF PRELIMINARY HEARING _____

I AM UNABLE TO OBTAIN FUNDS FROM ANYONE, INCLUDING MY FAMILY AND ASSOCIATES, BY WAY OF COMPENSATION FOR COUNSEL AND REPRESENT THAT THE ANSWERS TO THE FOLLOWING QUESTIONS ARE TRUE TO THE BEST OF MY INFORMATION AND BELIEF.

- | | | | |
|-----------------------------|-------|-------|--------------------|
| 1. DO YOU HAVE ANY MONEY | NO | YES | (SPECIFY HOW MUCH) |
| A. ON THE PESON | _____ | _____ | _____ |
| B. IN THE CUSTODY OF WARDEN | _____ | _____ | _____ |
| C. IN THE BANK | _____ | _____ | _____ |
| D. AT HOME | _____ | _____ | _____ |
| E. ELSEWHERE | _____ | _____ | _____ |

2. DO YOU OWN A MOTOR VEHICLE NO ___ YES ___ (SPECIFY)

TYPE, YEAR, AND MAKE _____

AMOUNT OF VEHICLE LOAN OUTSTANDING _____

THE VEHICLE IS NOW AT _____

3. DO YOU OWN ANY REAL ESTATE NO ___ YES ___ (SPECIFY) _____

4. DO YOU OWN ANY OTHER PROPERTY OR HAVE ANY OTHER ASSETS?

NO ___ YES ___ (SPECIFY) _____

5. DOES ANYONE OWE YOU MONEY? NO ___ YES ___ (SPECIFY) _____

6. WHAT IS YOUR FAMILY STATUS? SINGLE ___ SPOUSE DECEASED ___ MARRIED ___

(SPOUSES NAME AND ADDRESS) _____

CHILDREN NO ___ YES ___ (NAMES, AGES) _____

TOTAL NUMBER OF DEPENDENTS (INCLUDE SELF) _____

7. ARE YOU EMPLOYED? NO ___ YES ___ DATES LAST WORKED _____

AT _____ FOR \$ _____ PER _____

IS THERE A JOB WAITING FOR YOU? NO ___ YES ___ (SPECIFY) _____

WHAT IS YOUR PRESENT TAKE HOME SALARY? _____ PER _____

ARE ANY DEDUCTIONS SUCH AS CREDIT UNION, SUPPORT ORDER, INSURANCE, ETC., BUT

NOT TAXES TAKEN FROM YOUR PAY CHECK? NO ___ YES ___ (SPECIFY) _____

HOW MUCH DID YOU EARN IN THE PAST TWELVE MONTHS? _____

8. DOES YOUR SPOUSE WORK? NO ___ YES ___ GIVE NAME/ADDRESS OF EMPLOYER _____

WHAT IS HIS/HER PRESENT TAKE HOME SALARY? _____

HOW MUCH DID HE/SHE EARN DURING THE PAST TWELVE (12) MONTHS? _____

9. DO YOU HAVE ANY OTHER SOURCE OF INCOME (SUCH AS SOCIAL SECURITY, WELFARE, UNEMPLOYMENT, PENSION, INSURANCE, VETERANS OR OTHER PAYMENTS)?

10. ____ I AM PRESENTLY IN JAIL AND UNABLE TO OBTAIN BAIL.

____ I AM PRESENTLY RELEASED FROM JAIL ON BAIL IN THE AMOUNT OF \$ _____
THE COST OF SUCH BAIL WAS DEFRAIDED AND PAID BY _____
IN THE SUM OF \$ _____

11. I HAVE NOT PREVIOUSLY BEEN REPRESENTED BY AN ATTORNEY IN ANY CASE IN COURT EXCEPT (GIVE NAME OF ATTORNEY, NAME OF CASE IN WHICH YOU WERE REPRESENTED AND STATE WHETHER OR NOT YOUR ATTORNEY WAS PAID IN THIS CASE AND BY WHOM). _____

WHEREFORE, I REQUEST THAT THE PUBLIC DEFENDER OF MONTGOMERY COUNTY ASSIGN A LAWYER TO REPRESENT ME IN THIS MATTER WITHOUT FEE OR COSTS TO ME.

AFFIDAVIT

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF MONTOUR**

_____ being duly sworn or affirmed to law,
deposes and says;

1. I am the defendant in the foregoing matter.
2. I have read the foregoing application and know the contents thereof and the same are true to my own knowledge, except as to matter therein stated to be alleged as to persons other than myself, and as to those matters I believe to be true.
3. The Affidavit is made to inform the Public Defender of MONTOUR County as to my status of indigency and to induce the Public Defender to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. In making, this affidavit I am aware that the crime of perjury is a felony of the third degree and that the punishment is imprisonment for not more than seven years or a fine of not more than \$5,000.00 or both, I VERIFY that the statements made in this affidavit are true and correct. I understand the false statements herein are made subject to the penalties of 18 Pa. C.S. S4904 relating to unsworn falsification to authorities.

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WITNESS

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DEFENDANT

DATE