

**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**

NAME: \_\_\_\_\_ ARE YOU INCARCERATED: YES \_\_\_\_\_ NO \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE/CELL NUMBER: \_\_\_\_\_

CAN WE LEAVE A MESSAGE AT THESE NUMBERS? **YES** or **NO** (Circle One)

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

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:  
\_\_\_\_\_

ARE YOU RELEASED ON BAIL? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

WHICH DISTRICT JUSTICE SET BAIL? (Circle One) **KNECHT--LAWTON-- LONG--BREWER**

WHEN: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ (R.O.R.): \$ \_\_\_\_\_

ARE YOU EMPLOYED: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

IF YES, PLACE OF EMPLOYMENT: \_\_\_\_\_

TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_

PAST 12 MONTHS: \$ \_\_\_\_\_

SPOUSE/ COMPANION: (If Applicable)

EMPLOYED? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TAKE HOME PAY: WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_ PAST 12 MONTHS: \$ \_\_\_\_\_

IS THERE A JOB WAITING FOR YOU? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ WHERE? \_\_\_\_\_

OTHER INCOME RECEIVED FOR YOU OR YOUR SPOUSE/COMPANION:

This should include: SUPPORT, DISABILITY, UNEMPLOYMENT COMPENSATION, or OTHER

SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ per month

DO YOU HAVE ANY MONEY: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

- IF YES: 1. ON YOUR PERSON: \$ \_\_\_\_\_
- 2. WARDEN'S CUSTODY: \$ \_\_\_\_\_
- 3. IN THE BANK: \$ \_\_\_\_\_
- 4. AT HOME: \$ \_\_\_\_\_
- 5. ELSEWHERE: \$ \_\_\_\_\_

CAN YOU OBTAIN MONEY FROM FAMILY OR ASSOCIATES? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DO YOU OWN AN AUTOMOBILE? YES \_\_\_\_\_ NO \_\_\_\_\_ YEAR & MODEL: \_\_\_\_\_  
 AMOUNT PAID: \$ \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_  
 DO YOU OWN REAL ESTATE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, GIVE ADDRESS: \_\_\_\_\_  
 DO YOU HAVE PHYSICAL DISABILITIES? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES SPECIFY: \_\_\_\_\_  
 DO YOU HAVE ANY PROBLEMS WITH ALCOHOL? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DO YOU HAVE ANY PROBLEMS WITH DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 HAVE YOU EVER ATTENDED AN ALCOHOL OR DRUG REHABILITATION PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

.....  
 PRIOR RECORD: (ALL COURT AND JUVENILE CASES- DO NOT INCLUDE TRAFFIC VIOLATIONS):

HAVE YOU EVER BEEN REPRESENTED BY AN ATTORNEY IN A CRIMINAL CASE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 PRIVATE ATTORNEY'S NAME: \_\_\_\_\_  
 PUBLIC DEFENDER'S NAME: \_\_\_\_\_  
 IF SO, WHEN? \_\_\_\_\_ 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.
- ➔ Write N/A on lines that are not applicable.
- ➔ Application should be received at least two (2) business days prior to your hearing, to allow enough time to prepare.
- ➔ Please provide a copy of your charges with your Application if possible.
- ➔ 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.** 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: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

DETERMINATION: \_\_\_\_\_ ELIGIBLE BY: \_\_\_\_\_  
 \_\_\_\_\_ NOT ELIGIBLE DATE: \_\_\_\_\_