

It is **YOUR** responsibility to contact our office 3 days after applying to see if you have been approved for a Public Defender.

**WE CAN NOT/WILL NOT CONTACT YOU!**

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If you are applying on the day of your hearing or within 4 days prior, it is your responsibility to request a continuance. It is not the responsibility of this office. If you hire private counsel, please contact our office **IMMEDIATELY.**

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Due to attorney- client privacy, the Public Defender's office will not discuss your case with anyone but **YOU!**

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You must keep our office informed of your current address and telephone number.

TO ALL DEFENDANTS

If you are planning to make an application with the Public Defender's office, our office will need the following:

**CRIMINAL COMPLAINT SHEET**

**AFFIDAVIT OF PROBABLE CAUSE**

**PROOF OF INCOME**

Applications must be made at least FIVE (5) days prior to a scheduled hearing date, unless you are in jail.

**IF YOU HIRE PRIVATE COUNSEL, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.**

**You must inform this office if YOUR INCOME status changes, if you find employment, and provide proof of income.**

If you get new charges you must submit an additional application for that new charge or proceeding.

**Indiana County Public Defender's Office  
825 Philadelphia Street, 2<sup>nd</sup> floor  
Indiana, PA 15701  
Hours: 8:00-4:00  
Telephone: (724) 465-3925  
Fax: (724) 465-3927**

**Keep first two pages!**

**APPLICATION FOR LEGAL REPRESENTATION BY THE PUBLIC  
DEFENDER'S OFFICE OF INDIANA COUNTY, PA**

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Veteran** \_\_\_\_ yes \_\_\_\_ no

**Military Branch:** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

**Number of Children** \_\_\_\_ **Do you pay child support?** \_\_\_\_ yes \_\_\_\_ no

**Names and ages: (under 18)** \_\_\_\_\_

**PRESENT OFFENSE**

**Charges** \_\_\_\_\_

**Are you presently in jail?** Yes \_\_\_\_ No \_\_\_\_

**If so, why?**

- **Arrested and cannot make bail** \_\_\_\_\_
- **Parole or probation violation** \_\_\_\_\_
- **Sentenced by magistrate** \_\_\_\_\_
- **Contempt of Court** \_\_\_\_\_
- **Other(explain)** \_\_\_\_\_

**What is the amount of bail?** \_\_\_\_\_

**Who set the amount of bail?** \_\_\_\_\_

**Will someone be able to post bond for you?** Yes \_\_\_\_ No \_\_\_\_ **Name of Person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Relationship to You?** \_\_\_\_\_

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**EMPLOYMENT**

**Are you working now?** Yes \_\_\_\_ No \_\_\_\_

**EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATES OF EMPLOYMENT** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_

**EMPLOYERS TELEPHONE** \_\_\_\_\_

**HOW MUCH DO YOU MAKE EACH MONTH \$** \_\_\_\_\_

**IF YOU CAN BE OR ARE CLAIMED AS A DEPENDENT BY ANOTHER PERSON FOR FEDERAL INCOME TAX PURPOSES, YOU MUST COMPLETE THE FOLLOWING INFORMATION ABOUT THAT PERSON:**

Name(s) and address of person(s) entitled to claim you as a dependent:

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Employer name and address: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_

How many people are supported? \_\_\_\_\_

If married, is your spouse employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please list and attach spouses Name, Income verification, and Gross Income Per Month \_\_\_\_\_

**LIST NAME(S) OF ANYONE ELSE EMPLOYED IN THE HOUSEHOLD, THEIR EMPLOYER, AND THEIR GROSS INCOME PER MONTH.**

**Other Income**

Public Assistance \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Workman's Comp \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Disability Insurance \$ \_\_\_\_\_

Trust Income \$ \_\_\_\_\_

Other (specify source) \_\_\_\_\_

**FINANCIAL STATUS**

Checking \$ \_\_\_\_\_ Financial Institution \_\_\_\_\_

Savings \$ \_\_\_\_\_ Financial Institution \_\_\_\_\_

Cash \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_ Mobile Home \_\_\_\_\_

Vehicle/Equip. \$ \_\_\_\_\_ Year/Make \_\_\_\_\_

**RIOR ARREST INFORMATION**

Are you presently on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes,

What was the charge and sentence? \_\_\_\_\_

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What was the name of your probation/parole officer? \_\_\_\_\_

Have you previously been represented by counsel in any other court proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_

Names of Attorney(s) \_\_\_\_\_

**PRIOR ARREST RECORD (include all summaries, misdemeanors, felonies etc.)**

Juvenile Offenses \_\_\_\_\_

Adult Offenses \_\_\_\_\_

PRELIMINARY HEARING DATE \_\_\_\_\_ TIME \_\_\_\_\_

MAGISTRATE \_\_\_\_\_ DATE OF ARREST \_\_\_\_\_

Did you give an oral or written confession to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

**Office Use ONLY do not write anything here or your application will be rejected!**

Date \_\_\_\_\_ Approved \_\_\_\_\_

**STATEMENT OF APPLICANT AND PETITION TO APPOINT**

**AN ATTORNEY**

I, \_\_\_\_\_ hereby verify that the facts I have set forth in the above application for a Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are subject to the penalties of 18 Pa. C.S.A. Section 4904 in relation to un-sworn falsification to authorities.

By signing this agreement you are authorizing the Office of Public Defender of Indiana County to extend those time constraints by filing continuances from time to time. Your assigned attorney has authority to request a continuance at any stage of your proceeding and for any reason he or she deems proper, though we are always mindful of your speedy trial rights and will do our best to see that they are preserved.

**YOU are not** required to be notified or to consent to our filing of continuances.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT

