

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

**WE CANNOT 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 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.

IF YOU HIRE PRIVATE COUNCIL, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

**You are warned** that if you fail to completely inform this office of your financial condition, this office will petition the Court for imposition of attorney's fees. You will pay these fees.

In addition, if you are **charged with a new offense** while currently being represented by this office or become involved in a new proceeding, you must submit an additional application for that new charge or proceeding.

**Indiana County Public Defender's Office  
825 Philadelphia Street  
Second Floor  
Indiana, PA 15701**

**Hours: 8:30-12:00 1:00-4:00  
Telephone: (724) 465-3925  
Fax: (724) 465-3927**

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

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Age \_\_\_\_\_

**PERSONAL DATA**

Social Security Number \_\_\_\_\_

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

Number of Children \_\_\_\_\_ Do you support them? \_\_\_\_\_ yes \_\_\_\_\_ no

Names and Ages: (under 18) \_\_\_\_\_

**PRESENT OFFENSE**

Charges \_\_\_\_\_

Date of Offense \_\_\_\_\_ Time of Day \_\_\_\_\_

Prosecutor \_\_\_\_\_

Date of Arrest \_\_\_\_\_

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? \_\_\_\_\_ cash/property \_\_\_\_\_

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? \_\_\_\_\_

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

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

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

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

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

EMPLOYER'S TELEPHONE \_\_\_\_\_

GROSS WAGES PER MONTH \$ \_\_\_\_\_ (wk, bi-wk, mo.) (circle one)

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 Comp. \$ \_\_\_\_\_  
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 \_\_\_\_\_

**PRIOR ARREST INFORMATION**

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

\* If yes,  
What was the charge and sentence? \_\_\_\_\_

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 \_\_\_\_\_

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 Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made 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.

Note that you are not required to be notified or to consent to our filing of continuances.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT

## **AUTHORIZATION AND RELEASE**

TO WHOM IT MAY CONCERN:

I hereby authorize and request you to **disclose and give copies** to my attorney, the Public Defender of Indiana County, Pennsylvania, or any of his assistants or representatives, any and all records and information concerning me which you have in your possession, including, but not limited to the following:

- (1) Financial information (including records as to earnings, assets and liabilities), personal information (including personal files, copies of reports made to any other person or agency, and statements), military records (including medical and psychological diagnosis and prognosis reports of treatment, service history, and records of disciplinary actions, if any) and any related information.
- (2) Hospital records and records of physicians, nurses, and other personnel (including narrative summaries or medical diagnosis, prognosis and treatment, charts, notes of interview, histories, and psychiatric or psychological evaluation) and any related information.

**This Authorization shall constitute sufficient Power of Attorney for obtaining such information, records and reports.** In consideration of your disclosure, I hereby release you (and, as appropriate, the institution you represent) from any and all liability arising from such disclosure. This authorization is valid for the period of one year from the date signed below.

**A photocopy of this authorization shall be considered as effective and valid as the original.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

TO:

FROM: Indiana County Public Defender's Office  
Indiana County Courthouse  
825 Philadelphia Street  
Indiana, Pa 15701  
Telephone: 724-465-3925 Fax: 724-465-3927

**INCOME VERIFICATION**

RE: Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

The above named person is applying for Public Defender representation. In order for our office to process the application, we need verification of income.

*We would appreciate the following information:*

*The total amount that is received monthly: \$ \_\_\_\_\_*  
*Verified by \_\_\_\_\_ Title \_\_\_\_\_*  
*Date Received \_\_\_\_\_ Date Verified \_\_\_\_\_*

I hereby authorize full and complete investigation by the Indiana County Public Defender's Office into all facts pertaining to my application for counsel as an indigent and in particular to my financial status, including the right to obtain reports from any employer, financial institution, creditor and debtor.

Date \_\_\_\_\_ Signature \_\_\_\_\_