

COLUMBIA COUNTY PUBLIC DEFENDER'S OFFICE

Physical address: 26 West First Street, Bloomsburg, PA 17815

Mailing address: P.O. Box 380, Bloomsburg, PA 17815

Office: (570) 389-6326 | Fax: (570) 387-6502

Hours: M-F 8:00am to 4:30pm

APPLICATION FOR PUBLIC DEFENDER

IMPORTANT INFORMATION FOR APPLICANTS

- Complete this application as accurately as possible. The Public Defender's Office reserves the right to reject any application that is found to be inaccurate or incomplete.
- Proof of income is **REQUIRED** with your Application. Accepted forms of documentation include, but are not limited to, pay stubs, W2's, income tax returns, benefit verification letters from Social Security, SSI or Medicare, etc. **FAILURE TO PROVIDE PROOF OF INCOME WILL DELAY THE PROCESSING OF YOUR APPLICATION AND MAY RESULT IN DENIAL OF PUBLIC DEFENDER SERVICES.**
- If claiming no income or unemployed, an investigation into how you support yourself will be conducted by the Public Defender's Office.
- You must attend all hearings or Court dates unless otherwise instructed by the Public Defender's Office.
- You must inform the Public Defender's Office of any changes in address and/or phone number. Your Attorney must have a way to contact you regarding any important developments in your case.
- You must notify the Public Defender's Office if you obtain or change employment status while you are being represented. **FAILURE TO REPORT ANY CHANGE IN EMPLOYMENT STATUS MAY RESULT IN WITHDRAWAL OF COUNSEL.**
- Providing false information on your Application for Public Defender could result in withdrawal of Counsel and criminal charges.
- If you are incarcerated at any time, please note that the Public Defender's Office does not accept collect or fee based phone calls. Requests for petitions, updates, or any other legal concerns must be put in writing and mailed to your Attorney or discussed with your Attorney during an appointment.
- If you are incarcerated and released, you are required to update your application by submitting an updated information sheet to the Public Defender's Office within 30 days of your release.

**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST
ONE WEEK PRIOR TO YOUR HEARING**

*****APPLICANTS KEEP THIS PAGE FOR FUTURE REFERENCE*****

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NAME: _____

MAIDEN NAME: _____

ARE YOU INCARCERATED: YES [] NO [] IF SO, WHERE _____

HOME ADDRESS: _____
Street City State Zip code

PHONE/CELL NUMBER: _____

EMAIL ADDRESS: _____

AGE: _____ BIRTH DATE: ____ - ____ - ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

MARITAL STATUS: _____

NUMBER OF ADULTS IN YOUR HOUSEHOLD: _____ Relationship to you: _____

NUMBER OF CHILDREN IN HOUSEHOLD: _____ Relationship to you: _____

PLACE OF BIRTH: _____ CITIZENSHIP STATUS: _____

PRIMARY LANGUAGE: _____ INTERPRETER NEEDED: YES [] NO []

ALTERNATE ADDRESS: _____
Street City State Zip code

ALTERNATE PHONE/CELL NUMBER: _____

CONTACT PERSON: _____ Relationship to you: _____

CURRENT CHARGES: _____

DATE(S) AND LOCATION OF ALLEGED OFFENSE(S): _____

POLICE OFFICER or DEPARTMENT FILING CHARGES: _____

PRELIMINARY HEARING DATE: ____ - ____ - ____ AT ____ : ____ a.m/p.m.

DISTRICT JUSTICE: (Circle One) **BERWICK – BLOOMSBURG – CATAWISSA – MILLVILLE**

BAIL SET AT: _____ Secured/Cash [] (Check all that apply)
10% []
Unsecured []

EDUCATION: Doctorate/Masters [] (Check all that apply)
College []
HS Diploma []
GED []
Last Grade Completed: _____

MILITARY SERVICE: Branch _____ Dates of Service _____ Discharge: _____

ARE YOU EMPLOYED? YES [] NO []

IF YES, WHERE: _____
DATE OF HIRE: _____
TAKE HOME PAY: WEEKLY \$ _____ MONTHLY \$ _____
PAST 12 MONTHS: \$ _____

IF CURRENTLY UNEMPLOYED, LAST PLACE OF EMPLOYMENT: _____
DATE OF LAST EMPLOYMENT: _____

IF INCARCERATED: IS THERE A JOB WAITING FOR YOU? YES [] NO []

IF YES, WHERE: _____

DO YOU HAVE ANY MONEY? YES NO HOW MUCH:

IN THE BANK:	[]	[]	_____
IN THE JAIL:	[]	[]	_____
AT HOME:	[]	[]	_____
ELSEWHERE :	[]	[]	_____
ON YOUR PERSON:	[]	[]	_____

DO YOU RECEIVE ANY OTHER INCOME FROM SOC. SEC., SUPPORT, UNEMPLOYMENT, DISABILITY? YES [] NO []

IF YES, SOURCE: _____ MONTHLY AMOUNT: _____

DOES YOUR SPOUSE RECEIVE ANY OTHER INCOME FROM SOC. SEC., SUPPORT, UNEMPLOYMENT, DISABILITY? YES [] NO []

IF YES, SOURCE: _____ MONTHLY AMOUNT: _____

DOES YOUR SPOUSE WORK? YES [] NO []

IF YES, WHERE: _____
TAKE HOME PAY: WEEKLY \$ _____ MONTHLY \$ _____

DO YOU [] OWN YOUR HOME?

[] RENT?
MONTHLY PAYMENT: _____

DO YOU OWN OTHER PROPERTY? YES [] NO []

IF YES, DESCRIBE: _____

DO YOU OWN A MOTOR VEHICLE? YES [] NO []

IF YES, TYPE, YEAR, MODEL: _____
AMOUNT OF MONTHLY PAYMENT: _____

CAN YOU OBTAIN MONEY FROM FAMILY OR ASSOCIATES? YES [] NO []

DO YOU HAVE ANY PHYSICAL DISABILITIES? YES [] NO []

IF YES, DESCRIBE: _____

DO YOU SUFFER FROM ANY ADDICTION TO DRUGS OR ALCOHOL? YES [] NO []

IF YES, DESCRIBE: _____
CURRENT TREATMENT: _____
PREVIOUS TREATMENT: _____
INTERESTED IN TREATMENT: YES [] NO []

DO YOU HAVE ANY OTHER CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

YES [] NO []
IF YES, WHERE: _____
CHARGES: _____
NAME OF ATTORNEY: _____

HAVE YOU EVER BEEN REPRESENTED BY AN ATTORNEY IN A CRIMINAL CASE?

YES [] NO []
IF YES, WHERE: _____
NAME OF ATTORNEY: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES [] NO []

LIST ALL PRIOR CONVICTIONS: _____

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.

SIGNATURE: _____

DATE: _____

- If someone assisted you with filling out this application:

Their name _____

Signature _____

Relationship to the Defendant _____

<u>FOR OFFICE USE ONLY</u>		
Date received: __ / __ / ____		
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> CONFLICT <input type="checkbox"/> This case <input type="checkbox"/> Other case _____ <input type="checkbox"/> Co-Defendant _____ <input type="checkbox"/> Victim/Witness _____	<input type="checkbox"/> INELIGIBLE <input type="checkbox"/> Income/Assets <input type="checkbox"/> Matter Not Handled by PD Office
ATTORNEY ASSIGNED: _____		
REVIEWED BY: _____	DATE: _____	