

INSTRUCTIONS FOR PUBLIC DEFENDER APPLICATION

It is the responsibility of the Office of Public Defender to provide free legal representation for any person charged with a **criminal matter in Mifflin County**, who, for lack of funds, is unable to afford an attorney. You may be eligible for services.

To apply for services, you must complete the attached application. **ALL INFORMATION MUST BE COMPLETED AND APPLICATION MUST BE DATED AND SIGNED.** Please mail or submit in person your completed application and appropriate verifications to the **MIFFLIN COUNTY PUBLIC DEFENDER'S OFFICE** located at 15 North Dorcas Street, Lewistown, Pennsylvania. Once your application has been processed, you will be notified as promptly as possible as to whether your application is approved or denied.

Your application must be received at least ten (10) business days before your scheduled hearing. You should have available the following financial information in the event the office has questions regarding your application.

1. Last four (4) pay stubs; or
2. Unemployment card and statement; or
3. Department of Public Welfare ACCESS Card; or
4. A copy of your most recent Federal Income Tax Return;

OR

5. If you can be or are claimed as a dependent by another person for Federal Income Tax purposes, written verification of financial information must be provided for that person.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL CAUSE DELAY IN PROCESSING YOUR APPLICATION OR DENIAL OF YOUR APPLICATION.

MAGISTRAL DISTRICT JUDGE'S NAME: _____

DISTRICT JUDGE DOCKET NO.: _____

APPLICATION FOR THE ASSIGNMENT OF PUBLIC DEFENDER

1. NAME: _____ DATE OF BIRTH: ____/____/____
2. ADDRESS: _____
3. HOME PHONE NO: () _____ SOCIAL SECURITY NO: _____
4. MARITAL STATUS: Single (); Married (); Divorced (); Separated ().
5. CHARGE(S): _____
DATE OF CHARGE(S): ____/____/____
OTHER PATICIPANTS CHARGED OR INVOLVED: _____
HEARING DATE: ____/____/____ TIME: _____ .M.
HEARING TYPE: Preliminary (); Arraignment (); Juvenile (); Children & Youth ().
ARE YOU IN JAIL? YES ___/NO ___ WHERE: _____ BAIL: _____
PREVIOUS CHARGES: _____ ATTORNEY: _____
6. If not in jail, name and address of employer? _____
Employer's Phone No.: () _____
7. Length of time employed: _____ Gross Monthly Income: \$ _____
Total amount of income during the last 12 months: \$ _____
Does your wife/husband work? YES ___/NO ___ If so, where? _____
Gross Monthly Income: \$ _____
8. Do you have any money in a bank, savings and loan, or credit union? YES ___/NO ___
List location, type of account (savings, savings clubs, checking, certificates, etc) and current balance(s): _____

9. Do you have any money on your person or elsewhere? YES ___/NO ___ Amount: \$ _____
10. Do you collect any of the following? Public Assistance (); Disability (); Unemployment Compensation ();
Social Security (); Other (). If Other, Please explain: _____

- Amount per month: \$ _____
11. Do you rent? YES ___/NO ___ Rent per month \$ _____ Landlord's name: _____
Do you live in someone else's home? YES ___/NO ___
Name: _____ Board: \$ _____
Do you own your own home or any real estate? YES ___/NO ___ Monthly Mortgage \$ _____
Original Cost \$ _____ Current Balance \$ _____

12. **Other owned property and assets:** _____
Year and make of vehicle owned: _____ **Monthly Payment \$** _____
13. **Other debts:** (state type, balance, amount of monthly payment): _____

14. **Do you have any credit cards? List name of card, credit limit and balance owed:** _____

15. **How many people do you support (include yourself)?** _____ **Name and ages:** _____

16. **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:

- Employer name and address:** _____
Length of time employed: _____ **Gross Monthly Income: \$** _____
How many people are supported? _____

AFFIDAVIT

I, the undersigned, verify that I have completed the foregoing application for appointment of Public Defender and that:

1. I have read the foregoing application and understand its contents. The facts therein contained are true and correct to the best of my knowledge, information and belief, except as to matters therein stated to be alleged as to persons other than myself.
2. I authorize any person or agencies named in the foregoing application having information about my financial condition and health to release such information to any duly authorized official of the Court. In particular, I authorize and empower the Internal Revenue Service, my employers, any banks, the Department of Public Welfare and the Social Security Administration to release any information pertaining to my health or financial situation.
3. The foregoing application is made to inform the Court as to my financial status which could lead to the Court appointing free counsel to defend me against the criminal charges which have been brought against me. I agree to notify the Court within **48 hours**, through the Office of the Court Administrator and the Office of the Public Defender of any improvement in my financial situation from the date of this application until the final disposition of the charges.
4. I understand that false statements made in the foregoing application are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities, a conviction of which is made punishable by not more than two years imprisonment or a fine of \$5000.00, or both.

Date: _____

Signature of Applicant