

FOR PUBLIC DEFENDER OFFICE USE ONLY

ACCEPTED _____

DATE _____

DENIED _____

ATTORNEY _____

INTERPRETER: Yes/No

Language _____

**OFFICE OF THE PUBLIC DEFENDER
LEHIGH COUNTY COURTHOUSE
455 WEST HAMILTON STREET, ROOM 615
ALLENTOWN, PA 18101**

(610) 782-3157

OFFICE HOURS: MONDAY - FRIDAY 8:00 A.M. - 4:30 P.M.

INTERVIEW HOURS: 8:45 A.M. - 4:00 P.M.

PUBLIC DEFENDER JUVENILE APPLICATION

PERSONAL INFORMATION:

JUVENILE'S NAME: _____

STREET ADDRESS: _____

CITY & STATE: _____

PHONE: _____ **AGE:** _____ **DOB:** _____

SOCIAL SECURITY #: _____

JUVENILE'S SCHOOL: _____

GRADE: _____

IF JUVENILE OUT OF SCHOOL:

LAST GRADE COMPLETED: _____

DATE LAST IN SCHOOL: _____

**HAS JUVENILE EVER BEEN IN A MENTAL INSTITUTION OR ATTENDED ANY
PSYCHIATRIC, MENTAL HEALTH OR COUNSELING SERVICES?:** _____

IF SO, EXPLAIN: _____

MOTHER'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ MARITAL STATUS: _____
HUSBAND'S NAME IF MARRIED: _____

FATHER'S NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ MARITAL STATUS: _____
WIFE'S NAME IF MARRIED: _____

**CASE INFORMATION: (TO BE COMPLETED BY PROBATION
OFFICER OR PUBLIC DEFENDER)**

CHARGES: _____

COURT DATE _____

ID # _____

ASSIGNED PROBATION OFFICER: _____

CONSENT DECREE APPROPRIATE: YES/NO (CIRCLE ONE)

COMMENTS: _____

ADMIT OR DENY (CIRCLE ONE)

COMMENTS: _____

ACKNOWLEDGEMENT:

Under penalty of law (Pa. Crimes Code subsection 4904) I state that the written information set forth in this application is true and correct.

DATE: _____

SIGNATURE OF PARENT OR
LEGAL GUARDIAN

DATE: _____

SIGNATURE OF JUVENILE