

Instructions for Adult Applications:

Unless you are incarcerated you must appear in person at the office located on the 6th floor of the Lehigh County Court House. The services of the Public Defender's Office are determined by financial need, and therefore, you must supply proof of income for yourself and all members of your household.

When applying you must bring a copy of the criminal complaint and the following documents which apply to your situation

1. A copy of the criminal complaint.
2. At least 4 recent pay stubs.
3. Letter from last employer verifying termination.
4. Check stub or letter from Unemployment stating benefit amount.
5. Award letter from Social Security or a copy of most recent check.
6. Recent letter or printout from DPA stating the benefit amount. Access cards are not considered proof of income.
7. Court order showing amount of child support paid/received.
8. Checking account/bank account statement.
9. Foreclosure papers, notice of sheriff's sale and/or statement from financial institution verifying there is absolutely no equity in the property and that a home equity loan was not taken out within the last year.
10. W2 forms and copy of income tax returns for the current year.
11. Current class schedule and financial aid/student loan award letters.
12. Notarized letter from the individual supporting you stating that you are currently unemployed, living with them and that they are supporting me (see ATTACHMENT A).
13. Letter from Drug Rehabilitation/Mental Health Facility stating I am in an in-patient program and not currently able to work.

Office Use Only

F____ M____ P.V.____

Team_____

Atty:_____

OFFICE OF THE PUBLIC DEFENDER

Lehigh County Court House
 455 W. Hamilton Street, Room 615
 Allentown, PA 18101-1614
 610-782-3157

Applications will be accepted between***8:00 a.m. - 4:15 p.m. (M-F)*****Office Use Only**

Approved_____

*Denied_____

*Reason for denial:

Interview_____

Date_____

COMMONWEALTH OF PENNSYLVANIA

vs

(Name of Applicant)**APPLICATION FOR PUBLIC DEFENDER**

Interpreter: Yes____ No____ Language _____

1. Name _____ (AKA) _____

Address: _____
street city state zip

Home phone number: _____

Cell phone number: _____

Alternate contact name: _____ Contact phone number: _____

2. Date of birth: _____

3. Social Security #: _____

4. Are you a military veteran: ____ Yes ____ No

(a) Active or Inactive (circle one)

(b) If inactive, type of discharge: _____

5. I understand and agree that I hereby apply for the services of the Public Defender and make the representations which follow in order to qualify for such services. I understand and agree that these representations are not of a confidential nature, may be revealed to the Court or other interested party, and may be used against me if proven to be deliberately false. _____

(Initials)

6. I am charged with (List offenses contained in your police criminal complaint): _____

6. a. Are you charged with a DUI? Yes____ No____

If charged with a DUI which offense (circle one) 1st, 2nd, 3rd, 4th +

7. I have () have not () had a preliminary hearing in this matter before a Magisterial District Judge.

The name of the Magisterial District Judge who heard / will hear my case is / was _____

The date of my hearing is / was _____ The OTN is _____

8. Do you have funds to pay for a lawyer?

Yes____ No____

9. What is your marital status?

- () single
- () married
- () separated
- () divorced
- () widow/widower

If married, what is the name, age and address of your husband or wife? _____

10. Do you have any children under the age of 18? Yes _____ No _____

If yes, what are your children's ages? _____

If yes, with whom do your children live? _____

If yes, do you pay support? Yes _____ No _____ How much per month? _____

11. Are you employed? Yes _____ No _____ If so who is the Employer? _____

(a) How long have you been employed at this present job? _____

(b) What is your weekly gross pay? _____

(c) What was the total gross amount of your income during the past 12 months? _____

12. Is your spouse employed? Yes _____ No _____ If so who is the Employer? _____

(a) How long has your spouse been employed at this present job? _____

(b) What is your spouse's weekly gross pay? _____

(c) What was the total gross amount of your spouse's income during the past 12 months? _____

13. Are you receiving any of the following payments?

(a) Disability (including social security, workmen's compensation, etc.) Yes _____ No _____

If so, how much per month? _____

(b) Unemployment Yes _____ No _____

If so, how much per month? _____

(c) Welfare Yes _____ No _____

If so, how much per month? _____

14. Is your spouse receiving any of the following payments?

(a) Disability (including social security, workmen's compensation, etc.) Yes _____ No _____

If so, how much per month? _____

(b) Unemployment Yes _____ No _____

If so, how much per month? _____

(c) Welfare Yes _____ No _____

If so, how much per month? _____

15. Do you have any money? Yes _____ No _____ If yes, how much? _____

16. Do you have a checking account with any bank or financial institution? Yes _____ No _____

If yes, how much is in that account? _____

17. Do you have a savings account with any bank or financial institution? Yes _____ No _____

If yes, how much is in that account? _____

18. Do you have any stocks or bonds of any type? Yes _____ No _____

If so, what is the value? _____

19. Do you or your spouse own an automobile? _____

(a) Year and make? _____

(b) Value? _____

(c) Are you making payments for this automobile? _____ If yes, amount? _____

20. Do you or your spouse own any real estate (house or land)? Yes _____ No _____

(a) If yes, do you have a mortgage on this real estate? Yes _____ No _____

(b) If yes, how much is owed on the mortgage? _____

(c) If yes, how much are your mortgage payments? _____

21. Current bail amount for all charges: _____

CAUTION: READ BEFORE SIGNING

I _____, residing at _____
Print Name Address

verify that the facts set forth in the foregoing APPLICATION FOR PUBLIC DEFENDER are true and correct to the best of my knowledge, information and belief. I understand that false statements made therein are subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

I further declare that:

1. That I have not knowingly concealed, or in any way misrepresented my financial resources.
2. That I am indigent and unable to procure sufficient funds to obtain legal counsel to represent me.
3. That I authorize my employer, bank, government agency, or any entity making payments to myself or my spouse to release information concerning the amount and nature of said payments to the Public Defender Office for purposes only directly related to my eligibility for public defender representation.
4. That if the Public Defender accepts my case I will notify him of any changes in my financial resources including release on bail, employment, cash income, or any other of the items listed in this application.

Date: _____

Signature

**OFFICE OF THE PUBLIC DEFENDER
Lehigh County Courthouse
455 W. Allentown Street
Allentown, PA 18101**

610-782-3157

I understand that the services of the Public Defender's Office are determined by financial need, and therefore, I must supply proof of income for myself and all members of my household. Please check the box(es) that applies to your current financial situation:

- ☐ At least 4 recent pay stubs.
- ☐ Letter from last employer verifying termination.
- ☐ Check stub or letter from Unemployment stating benefit amount.
- ☐ Award letter from Social Security or a copy of most recent check.
- ☐ Recent letter or printout from DPA stating the benefit amount. Access cards are not considered proof of income.
- ☐ Court order showing amount of child support paid/received.
- ☐ If a military veteran, proof of military discharge.
- ☐ Foreclosure papers, notice of sheriff's sale and/or statement from financial institution verifying the equity in the property.
- ☐ W2 forms and copy of income tax returns for the year _____.
- ☐ Notarized letter from _____ stating that I am currently unemployed, living with them and that they are supporting me (see ATTACHMENT A).
- ☐ Letter from Drug Rehabilitation/Mental Health Facility stating I am in an in-patient program and not currently able to work.
- ☐ Other: _____

DATE

SIGNATURE

Please deliver the completed application along with a copy of your Police Criminal Complaint in person to the Lehigh County Public Defender's Office, Lehigh County Courthouse, 455 W. Hamilton Street, Room 615, Allentown, Pennsylvania. We can only accept completed applications from the person who is being charged. If you are unable to personally deliver the application to the Public Defender's Office, please contact our office at 610-782-3157, to make alternate arrangements.

ATTACHMENT A

(This form to be completed only if you are being supported by another person.)

AFFIDAVIT OF SUPPORT

THIS FORM MUST EITHER BE NOTARIZED OR SIGNED IN PERSON AT THE PUBLIC DEFENDER'S OFFICE WITH VAILD I.D.

OTN# _____

DATE: _____

_____ residing at _____
(Name of Applicant) (Address)

_____, telephone number _____
(Telephone Number)

is currently unemployed and is dependent upon me for his/her support. My relationship to the applicant is _____.
(Relationship to Applicant)

SIGNATURE
(Signed in front of a notary)

Print Name

COMMONWEALTH OF PENNSYLVANIA)
: ss.
COUNTY OF LEHIGH)

Sworn to and subscribed before me
this _____ day of _____, 20____.

NOTARY PUBLIC

**** Valid photo I.D. must be shown. ****