

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

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

ADMIT OR DENY

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