

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
GeneralPublicDefender@lehighcounty.org

PUBLIC DEFENDER JUVENILE APPLICATION

PERSONAL INFORMATION:

JUVENILE'S NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

SOCIAL SECURITY #:

AGE:

DOB:

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:

EMAIL:

MARITAL STATUS:

HUSBAND'S NAME, IF MARRIED:

FATHER'S NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

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:

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