

It is **YOUR** responsibility to contact our office 3 days after applying to see if you have been approved for a Public Defender.

WE CANNOT CONTACT YOU!

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If you are applying on the day of your hearing or within 4 days prior, it is your responsibility to request a continuance. It is not the responsibility of this office. If you hire private counsel, please contact our office **IMMEDIATELY.**

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Due to attorney- client privacy, the Public Defender's office will not discuss your case with anyone but **YOU!**

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You must keep our office informed of your current address and telephone number.

TO ALL DEFENDANTS

If you are planning to make application with the Public Defender's office, our office will need the following:

CRIMINAL COMPLAINT SHEET

AFFIDAVIT OF PROBABLE CAUSE

PROOF OF INCOME

Applications must be made at least FIVE (5) days prior to a scheduled hearing date.

IF YOU HIRE PRIVATE COUNCIL, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

You are warned that if you fail to completely inform this office of your financial condition, this office will petition the Court for imposition of attorney's fees. You will pay these fees.

In addition, if you are **charged with a new offense** while currently being represented by this office or become involved in a new proceeding, you must submit an additional application for that new charge or proceeding.

**Indiana County Public Defender's Office
825 Philadelphia Street
First Floor
Indiana, PA 15701**

**Hours: 8:30-12:00 1:00-4:00
Telephone: (724) 465-3925
Fax: (724) 465-3927**

APPLICATION FOR LEGAL REPRESENTATION BY THE PUBLIC
DEFENDER'S OFFICE OF INDIANA COUNTY, PA

Full Name _____ Date of Birth _____

Address _____

Telephone _____ Cell _____ Age _____

PERSONAL DATA

Social Security Number _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Number of Children _____ Do you support them? _____ yes _____ no

Names and Ages: (under 18) _____

PRESENT OFFENSE

Charges _____

Date of Offense _____ Time of Day _____

Prosecutor _____

Date of Arrest _____

Are you presently in jail? Yes _____ No _____

If so, why?

- Arrested and cannot make bail _____
- Parole or probation violation _____
- Sentenced by magistrate _____
- Contempt of court _____
- Other (explain) _____

What is the amount of bail? _____ cash/property _____

Who set the amount of bail? _____

Will someone be able to post bond for you? Yes _____ No _____ Name of Person _____

Address _____

Telephone _____ Relationship to you? _____

PRELIMINARY HEARING DATE _____ TIME _____

MAGISTRATE _____ DATE OF ARREST _____

Did you give an oral or written confession to anyone? Yes _____ No _____

Are you working now? _____ Yes _____ No

EMPLOYER _____

ADDRESS _____

DATES OF EMPLOYMENT _____ JOB TITLE _____

EMPLOYER'S TELEPHONE _____

GROSS WAGES PER MONTH \$ _____ (wk, bi-wk, mo.) (circle one)

If married, is your spouse employed? Yes _____ No _____

*If yes, please list and attach spouses Name, Income verification, and Gross Income Per Month _____

LIST NAME (S) OF ANYONE ELSE EMPLOYED IN THE HOUSEHOLD, THEIR EMPLOYER, AND THEIR GROSS INCOME PER MONTH.

OTHER INCOME

Public Assistance \$ _____
Food Stamps \$ _____
Social Security \$ _____
Unemployment Comp. \$ _____
Workman's Comp. \$ _____
Pension \$ _____
Disability Insurance \$ _____
Trust Income \$ _____
Other (specify source) _____

FINANCIAL STATUS

Checking \$ _____ Financial Institution _____
Savings \$ _____ Financial Institution _____
Cash \$ _____
Real Estate \$ _____ Mobile Home _____
Vehicle/ Equip. \$ _____ Year/ Make _____

PRIOR ARREST INFORMATION

Are you presently on probation or parole? Yes _____ No _____

* If yes,
What was the charge and sentence? _____

What was the name of your probation/Parole officer? _____

Have you previously been represented by counsel in any other court proceeding?

Yes _____ No _____

Names of Attorney (s) _____

PRIOR ARREST RECORD (include all summaries, misdemeanors, felonies, etc)

Juvenile Offenses _____

Adult Offenses _____

Date _____ Approved _____

STATEMENT OF APPLICANT AND PETITION TO
APPOINT AN ATTORNEY

I, _____, hereby verify that the facts I have set forth in the above application for Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904 in relation to un-sworn falsification to authorities.

By signing this agreement you are authorizing the Office of Public Defender of Indiana County to extend those time constraints by filing continuances from time to time. Your assigned attorney has authority to request a continuance at any stage of your proceeding and for any reason he or she deems proper, though we are always mindful of your speedy trial rights and will do our best to see that they are preserved.

Note that you are not required to be notified or to consent to our filing of continuances.

DATE

DEFENDANT