

Instructions For Public Defender Applicants

(18 years of age or older)

1. The application must be **COMPLETELY** filled out and all supporting documentation provided. The application may be hand-delivered, mailed, or faxed (570-517-3871).
2. The application **MUST** be received by the Public Defender's office at least 7 days prior to your preliminary hearing. **DO NOT** bring the application with you to the hearing and expect that you will be automatically approved or an attorney appointed for you at that time.
3. If you are in jail, you **MUST** provide your home address, not the prison.
4. You **MUST SIGN THE APPLICATION** where indicated. Your application will not be accepted unless it is completed, signed, and supporting documents or verification of income and assets provided.
5. Only indigent persons, in other words people who cannot afford to hire a lawyer, are eligible for a Public Defender. Eligibility for appointment of a Public Defender is determined by a number of factors, including but not limited to, household income and available assets, the type of case and by reference to the United States Department of Health and Human Services poverty guidelines. The cost of the Public Defenders is borne by the Taxpayers of Monroe County, not the State of Pennsylvania.
6. As part of the application process, ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION WHERE APPLICABLE:
 - **Criminal Complaint and Affidavit of Probable Cause**
 - **Prior year Federal Income Tax Return**
 - **Pay stubs for last 3 weeks**
 - **Current Social Security or unemployment statements**
 - **Current Welfare statements (food stamps or cash assistance)**
 - **Letter stating financial support if you are not stating any income and a copy of the photo ID of the person providing financial support.**
 - **Property tax for any and all property owned**
 - **Balance of mortgage on property**
 - **If married, Federal Income tax for spouse**
 - **Current financial information as requested**

7. No application for Public Defender shall be approved unless and until the requested financial information is provided.
8. The Public Defender shall re-examine eligibility as deemed necessary.
9. If you are not incarcerated, failure to attach verification of income as set forth above the application will be an automatic denial.
10. If you get new charges, you must complete a new application. **DO NOT** assume that simply because you were represented by a Public Defender before that you will automatically be represented again.
11. It is **YOUR** responsibility to contact our office after submitting the application to see if you were approved.
12. Due to attorney-client privacy requirements, the Public Defender will not discuss your case with anyone but **YOU!**
13. You must keep our office informed of your current address and telephone number and any financial changes.
14. In addition, **WILLFULL MISREPRESENTATION** of your financial circumstances to obtain the services of this office may result in additional **CRIMINAL CHARGES**. Anyone assisting you and/or advising you to falsify information may be charged as well.
15. **Be aware that misrepresentation, false affidavits and false statements made by any person for the purposes of securing counsel or services of the Public Defender Office will be subject to the penalties prescribed by law for PERJURY. Further, if convicted, such persons shall be required to make restitution to the county and the Commonwealth of Pennsylvania for all monies paid on account of such false statements under 16 Pa. C.S. §9960.8**

I, _____, have read and accept the terms of this application process.

Date: _____

Signature: _____

Monroe County

Application for Public Defender

701 Main Street Suite 301 Stroudsburg, PA 18360

Telephone: (570) 517-3042 Fax: (570) 517-3871 Office hours: 8:30 a.m-4:30 p.m.

APPLICANT INFORMATION:

FULL NAME: _____

Birth Date: _____ S.S. #: _____ Driver's License#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address (optional): _____

Provide a secondary contact person we may contact (if needed):

Name: _____ Relationship: _____

Phone Number: _____

Can you read and write the English Language (circle): YES or NO

Citizen of the U.S.? (circle) YES or No If not what country: _____

Visa Status: _____ Interpreter Needed (list language): _____

Have you ever served in the Military(circle): YES or NO Branch: _____

My Bail Status: Bail is \$_____ Bail Posted By: _____

I am (circle one): **IN** Jail or **OUT** of Jail Name of Jail: _____

HEARING INFORMATION:

Magistrate/Judge: _____ Address: _____

Date and Time of Hearing: _____

Criminal Charges: _____

Co-Defendant's (list any other person(s) also being charged):

EMPLOYMENT (circle): YES or NO If yes, Employer Name : _____

Wages: \$ _____/Hour _____ Hours/week \$ _____ Gross Wages

-Unemployment Compensation \$ _____ monthly

-Workmen's Compensation \$ _____ monthly

-SSI \$ _____ monthly

-SSD \$ _____ monthly

-Pension/Military Pension \$ _____ monthly

Public Assistance:

-Medical

-Food Stamps \$ _____ monthly

-Cash Assistance \$ _____ monthly

Total Income for last 12 months (1 Year): _____

Married (circle): YES or NO If yes Name of Spouse: _____

Spouses Employer: _____ Total Income (last 12 months): _____

Total COMBINED Income (include spouse) for last 12 months (1 Year): _____

If you have no income, who is supporting you?

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Children Under 18 (circle): YES or NO

(Give names, age, and address of each child)

1. _____ 2. _____

3. _____ 4. _____

Do you pay Support (circle)? YES or NO If so, how much: \$_____/month

Do you receive support or SSI for the child(ren)? If so how much \$_____/month

ASSETS OWNED (list all things you own yourself or with spouse):

-Checking: \$_____ -Savings: \$_____

Real Estate (address): _____

Value: _____ Mortgage Owed: _____ To whom: _____

Trailer or Mobile Home (address): _____

Value: _____ Lien Owed: _____ To whom: _____

Vehicle(s) (make, model, year, value, money still owed: _____

Stocks or Bonds: _____

Other Assets: _____

CRIMINAL HISTORY:

Previous Criminal Convictions (list all and what state): _____

Previous Attorney: _____

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Monroe County

The undersigned, being duly sworn according to law, upon (his/her) oath deposes and says:

1. I am the Applicant seeking the services of the Public Defender Office of Monroe County.
2. I have read the foregoing application, know the contents thereof and the same are true to my knowledge, except as to matters therein stated to be alleged as to persons other than myself, and as to those matters I believe it to be true.
3. The affidavit is made to inform the Court as to my financial status and to induce the court to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. **I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, that I may be charged for the time spent by the attorney(s) handling my case on an hourly basis, but in any case not less than \$750.00.**
5. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine not more than \$15,000.00 or imprisonment for not more than seven years or both.

Signature of Applicant

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION ABOUT ME AND RELEASE FOR
DISCLOSURE**

TO WHOM IT MAY CONCERN:

I, the undersigned individual, hereby authorize and request you to **disclose and give copies** to my attorney, the Public Defender of Monroe County, Pennsylvania, or any of his assistants or representatives, of all records and information concerning me which you have in your possession, including, but not limited to the following sorts of records:

1. Financial information (including records as to earnings, assets and liabilities) personal information (including personnel files; copies of reports made to any other person or agency; and statements) military records (including medical and psychological diagnosis reports of treatment; service history; and records of disciplinary actions, if any) and any related information.
2. Hospital records and records of physicians, nurses, and other personnel (including narrative summaries or medical diagnosis, prognosis and treatment; charts; notes of interview; histories; and psychiatric or psychological evaluation), and any related information.

This authorization shall constitute sufficient Power of Attorney for obtaining such information, records and reports. In consideration of your disclosure, I hereby release you (and, as appropriate, the institution you represent) from any and all liability arising from such disclosure. This authorization is valid for the period of one year from the date signed below.

A photocopy of this authorization shall be considered as effective and valid as the original.

Date: _____

Signature: _____