

TO ALL DEFENDANTS

If you are planning to apply for an appointment of a Public Defender, our office will need the following:

**CRIMINAL COMPLAINT
AFFIDAVIT OF PROBABLE CAUSE
PROOF OF INCOME**

Applications must be submitted at least **SEVEN (7) DAYS** prior to your scheduled hearing date.

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, **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.

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.

It is **YOUR** responsibility to contact our office 3 days after you apply to see if your application has been approved. If you are applying **ON THE DAY OF YOUR HEARING** or within 4 days prior it is your responsibility to request a continuance.

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

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

MONROE COUNTY PUBLIC DEFENDER

MONROE COUNTY COURTHOUSE
610 MONROE STREET, SUITE 21
STROUDSBURG, PENNSYLVANIA 18360-2188

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

ATTORNEYS

JAMES P. GREGOR, CHIEF
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INVESTIGATOR

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PARALEGAL

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APPLICATION FOR DEFENSE LAWYER FROM PUBLIC DEFENDER OFFICE

(rev.07/28/2015)

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 the type of case and by reference to the United States Department of Health and Human Services poverty guidelines. The cost of Public Defenders is borne by the Taxpayers of Monroe County, not the State of Pennsylvania.

IF YOU ARE NOT APPROVED FOR A PUBLIC DEFENDER, YOU SHOULD IMMEDIATELY HIRE A LAWYER OF YOUR CHOICE TO DEFEND YOU IN YOUR CASE.

INSTRUCTIONS:

1. You must fill out this application completely and truthfully.
2. If you are not employed, you must indicate who supports you.
3. Attach a copy of the criminal complaint against you, a copy of your most recent tax return, and copies of your three most recent pay stubs.
4. If you receive Social Security or retirement benefits, Unemployment or Worker's Compensation, disability or public assistance, you must attach proof of your monthly assistance.
5. **Sign the application** and give it to the Public Defender Office. It must be approved by the Public Defender in order for a Lawyer to be assigned to defend you.
6. IF THE APPLICATION IS NOT COMPLETED IN FULL AND GIVEN TO THE OFFICE OF THE PUBLIC DEFENDER **AT LEAST 7 DAYS PRIOR TO YOUR PRELIMINARY HEARING**, IT IS AN AUTOMATIC DENIAL.
7. IF YOU ARE NOT INCARCERATED, FAILURE TO ATTACH VERIFICATION OF INCOME AS SET FORTH ABOVE, IE: PAY STUBS, TAX RETURNS, DISABILITY CHECKS, AND WELFARE VOUCHERS, MAY RESULT IN AN AUTOMATIC DENIAL OF YOUR APPLICATION.

FULL NAME: _____

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

Home Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Tel.#: _____ Work Tel.#: _____ Other Tel.# _____

Name, address and phone # of contact person we may use if unable to locate you: _____

CITIZEN OF US? (circle) YES NO If not, what country: _____

VISA STATUS: _____ **Interpreter Needed:** (list language) _____

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE? _____

PRELIMINARY HEARING ON (date/time): _____ at District Judge (place/name): _____

HAVE YOU EVER SERVED IN THE MILITARY? (YES/NO/BRANCH) _____

CRIMINAL CHARGES are (list charges): _____

which police say happened in (where): _____ ON (date/time): _____

CO-DEFENDANT(S) is/are (list any other people also charged): _____

MY BAIL STATUS Bail is \$ _____. I am _____ **In jail.** _____ **Out of jail.**

Bail was posted by (name and address): _____

TOTAL INCOME FROM ALL SOURCES LAST 12 MONTHS: \$ _____

(Include everything, ie.unemployment, worker's comp. or disability income)

EMPLOYER (list name and address of current or last): _____

Gross Wages \$: _____ Date last worked: _____

Attach 3 Most Recent Pay Stubs I cannot because: _____

Other income: \$ _____

GROSS INCOME ON MOST RECENT FEDERAL INCOME TAX RETURN: (Attach a copy)

\$ _____ I cannot attach because: _____

WHO CURRENTLY SUPPORTS YOU? (Give name, address, and relationship)

Job Waiting (specify details if you have a job waiting): _____

ASSETS OWNED. My assets are (list all things you own yourself or with another person below by category) :

Money on my person: \$ _____ At home: \$ _____

In the bank: \$ _____ Jail is holding: \$ _____

(IF SO LIST NAMES OF ALL BANKS) _____

Elsewhere: \$ _____ Trust funds/Recent inheritance: \$ _____

Real Estate (address): _____

(value) _____ (mortgage owed): _____ (to whom): _____

Unimproved property owned (address): _____

(value): _____ (mortgage owed): _____ (to whom): _____

Trailer or mobile home(address): _____

(value): _____ (lien owing): _____ (to whom): _____

Vehicles (list year, make, value, and money still owed for each): _____

Stocks or bonds: _____

Other Assets (list type, value and location, include any money owed to you): _____

SPOUSE AND CHILDREN. (List name, age, and address of each, spouse first and indicate w/ whom each child lives):

CHILD SUPPORT (for each child indicate if there is a support order directing you to pay, how much monthly, and the last payment you made):

SPOUSE'S EMPLOYER (name and address) _____

Total income last 12 months: _____ (Include unemployment/worker's comp)

HOUSEHOLD INCOME (OTHER): Earnings \$ _____ **Welfare \$** _____

Unemployment \$ _____ **Worker's Comp \$** _____

Disability \$ _____ **Child Support. Paying:** _____

Welfare/cash assist. \$ _____ **Housing allowance \$** _____

Food Stamps \$ _____ **Other \$** _____

TOTAL COMBINED HOUSEHOLD INCOME IN PAST 12 MONTHS \$ _____

PREVIOUS ATTORNEY. I have not previously been represented in court by an attorney except
(list name of attorney, case in which attorney represented you, and who paid the attorney in the case)

PREVIOUS CRIMINAL CONVICTIONS (LIST ALL AND IN WHAT STATES)

By submitting this application I agree to accept the services of any lawyer who is assigned to handle my case. If I should become employed or my financial situation changes at any time prior to my trial, I am aware that I must notify the Public Defender's Office as to such changes.

NOTE: AFTER YOU HAVE SUBMITTED THIS APPLICATION TO THE PUBLIC DEFENDER OFFICE YOU WILL NEED TO CALL OUR OFFICE 2 TO 3 DAYS AFTER SUBMITTAL TO SEE IF YOU HAVE BEEN APPROVED OR DENIED.

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION
ABOUT ME AND RELEASE FOR DISCLOSURE (rev060811)**

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 and prognosis 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: _____

Signed: _____