



OFFICE OF THE PUBLIC DEFENDER
WYOMING COUNTY

1 Courthouse Square

Tunkhannock, Pennsylvania 18657

Phone: 570-996-2372 Fax: 570-836-7404

TEXT: 570-362-6494 Email: PD@wyomingcountypa.gov

Office Hours: BY APPOINTMENT ONLY



INSTRUCTIONS FOR PUBLIC DEFENDER APPLICANTS

Answer the questions as completely and accurately as possible. The information requested is necessary for this office to determine your eligibility and to represent you properly.

COMPLETED APPLICATIONS SHOULD BE RETURNED AT LEAST 10 DAYS PRIOR TO ANY SCHEDULED HEARING. INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY **DENIED**.

If your hearing is less than 10 days from today's date, please call this office.

IF NOT INCARCERATED, YOU MUST PROVIDE ANY OF THE FOLLOWING THAT PERTAIN TO YOUR INCOME FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE:

- Last two (2) pay stubs for each working household member. If you do not receive pay stubs, your most recent tax return is **required**.
- Copy of unemployment compensation check, statement, OR letter.
- Statement of benefits from Department of Public Assistance
- Copy of Social Security Statement, Disability Statement of Veterans Compensation Statement.

CONTACT NUMBERS are requested so that we can reach you to speak with you about your case.

If you qualify for a Public Defender, you will receive representation in your criminal case free of charge. If the Public Defender's office has a conflict of interest in your case, you will be appointed a private attorney who will also represent you free of charge. Please note, if you are arrested and charged again, even while your case is pending, you **MUST** re-apply for Public Defender representation on that case. We will not be informed that you have new charges unless you let us know.

Representation by the Public Defender's office will continue through verdict or plea, sentencing, post sentence motions, and appeal. If you are charged with violating ARD, probation, or parole, you must re-apply for Public Defender representation at that time.

If you need assistance completing this application, please call 570-996-2372 to make an appointment.

INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY DENIED.



APPLICATION FOR PUBLIC DEFENDER WYOMING COUNTY



APPLICANT INFORMATION

Full Name: _____ DOB: ____/____/____ Age: _____

Address: _____
(Street)- If you are in jail, list last address

SSN: _____ - _____ - _____

Email: _____

(City) _____ (State) _____ (ZIP) _____

Home Phone: _____

Cell Phone: _____

Are you currently in jail? YES NO If yes, WHERE? _____

Date of arrest: ____/____/____ Bail amount: \$ _____ Did you post bail? YES NO

If yes, by whom? _____
(Name) _____ (Address) _____

Does your case involve Probation/Parole Violation? YES NO

Citizen of the USA? YES NO If no, which country: _____

Interpreter needed? YES NO If yes, which language: _____

Do you or your family have funds available to hire private counsel? YES NO

HOUSEHOLD INCOME

Are you employed? YES NO If yes, NAME of employer? _____ Start date: ____/____/____

Wages: \$ _____ per hour _____ hours per week (or salary/year \$ _____)

Are you receiving: Unemployment Compensation: YES NO \$ _____/month

Workers' Compensation: YES NO \$ _____/month

SSI/SSD YES NO \$ _____/month

Your total income in the past 12 months* \$ _____

Must provide answer even if currently unemployed

Sources of income (check all that apply): None Current Employer SSI/SSD

Worker's Comp Trust Income Pension Public Assistance Food Stamps

Unemployment Child Support Alimony Family Royalties

Rental Income Investment Income Gifts IRA Other

If you have indicated no current income, who is supporting you?

Name: _____ Relation: _____

Address: _____ Phone Number: _____ - _____ - _____

Marital Status: Married Single Separated Widowed Divorced Engaged

If Married: Name of spouse: _____

Is your spouse employed? Yes No Name of employer: _____

Wages: \$ _____ per hour _____ hours per week (or salary/year \$ _____)

Spouse receiving: Unemployment Compensation: YES NO \$ _____/month

Workers' Compensation: YES NO \$ _____/month

SSI/SSD YES NO \$ _____/month

Spouse's total income in the past 12 months \$ _____

If Separated: WHEN did you last live together: ____/____/____

FINANCIAL INFORMATION (ASSETS)

Bank Accounts: \$ _____ Checking
\$ _____ Savings
Total cash available \$ _____

Do you own any property: YES NO (Describe) _____ Value \$ _____

Automobile (yr/make/model): _____ Value \$ _____

Others: _____

DEPENDENTS

Do you have any children under 18? YES NO If yes, do they live with you? YES NO
Please provide names and ages of each child

_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____

Are you ordered to pay child support? YES NO Amount \$ _____/month

Do you receive support or SSI? YES NO Amount \$ _____/month

Current Housing: Rent Own Live with family/friend Other: _____

Amount of rent, mortgage payment, or room/board: \$ _____

List any additional **financial** circumstances that you wish this office to consider in determining indigency:

NOTICE: Information provided is **CONFIDENTIAL** and will not be disclosed to third parties by the Public Defender's Office without your permission, unless directed by the court.

1. List all criminal charges you are charged with: _____
2. List all co-defendants also charged: _____
3. List known witnesses: _____
4. List alleged victims: _____
5. Hearing date: _____ Type: _____ Time: _____
6. Arresting Officer: _____
7. Were you incarcerated in any other county or state on these charges? YES NO
a. If so, where? _____ Date of next hearing: _____
8. List ALL PRIOR CRIMINAL CHARGES, including dismissed charges (Please be as accurate as possible so your attorney is able to represent you properly)

9. Are you Current or Former Military? YES NO
a. If yes, Active? YES NO If no, discharge type? _____
10. Do you have a history of Mental Illness? YES NO

List three names and telephone numbers of family members, neighbors, or friends for emergency contact:
(These numbers will be used if we cannot reach you at one of the numbers listed on page 1, in the event you miss court, or we need to contact you urgently)

Name: _____ Relationship: _____ Telephone: _____
Name: _____ Relationship: _____ Telephone: _____
Name: _____ Relationship: _____ Telephone: _____

VERIFICATION

Please read and initial each item then sign and date

I hereby give the Office of the Public Defender permission to notify me of any court hearings related to this case via text messaging and/or email and authorize the Public Defender to obtain a receipt for this communication. _____

I understand that if I am approved for representation while incarcerated and I am released, I am required to submit a new application. I understand that I may not qualify for Public Defender representation upon reapplication and the Public Defender may request the court grants its withdrawal from this matter. _____

I hereby verify that all the information I have provided in the above Application for Public Defender is 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 §4904 relating to unsworn falsification to authorities. _____

I UNDERSTAND THAT I AM UNDER CONTINUING OBLIGATION TO INFORM THE COURT OF ANY IMPROVEMENT OF MY FINANCIAL CIRCUMSTANCES AS WELL AS ANY CHANGE OF MY ADDRESS OR TELEPHONE NUMBER WITHIN FORTY-EIGHT (48) HOURS OF SUCH IMPROVEMENT OR CHANGE. _____

Signature

Date

Return this completed application and any supporting documents to the Office of the Public Defender:

Mail:
Office of the Public Defender
Wyoming County Courthouse
1 Courthouse Square
Tunkhannock, PA 18657

Email:
PD@wyomingcountypa.gov

FAX:
570-836-7404

**If preferred, you can drop off this application IN PERSON at the front desk with Security at the Wyoming County Courthouse.

For Office Use Only

Date of interview: _____ Date of Incident: _____
Attorney: _____ FEL _____ MIS _____
MDJ #: _____ MDJ: _____
Common Pleas #: _____ Criminal Charges: _____
OTN: _____
Hearing Date: _____ Time: _____ Conflict: YES NO
 Children/Dependents No Transportation Employed