



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: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Children/Dependents	<input type="checkbox"/> No Transportation
	<input type="checkbox"/> Employed