



APPLICATION FOR PUBLIC DEFENDER WYOMING COUNTY

1 COURTHOUSE SQUARE
TUNKHANNOCK, PENNSYLVANIA 18657
Phone: 570-996-2372 Fax: 570-836-7404
Email: PD@wyomingcountyPA.gov

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

APPLICANT INFORMATION

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

SSN: _____-_____-_____

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

Home Phone: (____) ____-_____

(City/Borough) (State) (Zip Code)

Cell Phone: (____) ____-_____

Are You In Jail? NO YES **If yes, WHERE?** _____ **Date of Arrest:** ____/____/____

Bail Amount: \$ _____ **Did You Post Bail?** NO YES

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

Does your case involve Probation/Parole Violation? NO YES

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

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

HOUSEHOLD INCOME

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.

Are you employed? NO YES **If yes, NAME of employer?** _____

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

***If employment started within last 3 months: Start date** _____

Are you receiving:		Amount monthly:
Unemployment Compensation:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Workers' Compensation:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
SSI/SSD:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____

Your total income in the past 12 months (1 year) \$ _____

Must provide answer even if currently unemployed

Marital Status: Married Single Separated Widowed Divorced Engaged

If Married:

Name of spouse: _____

Is your **spouse** employed? NO YES If yes, NAME of employer? _____

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

*If employment began within last 3 months: Start date _____

Is your **spouse** receiving:

Amount monthly:

Unemployment Compensation: NO YES \$_____

Workers' Compensation: NO YES \$_____

SSI/ SSD NO YES \$_____

Spouse's total income in the past 12 months (1 year) \$_____

Must provide answer even if currently unemployed

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

FINANCIAL INFORMATION (ASSETS)

Total Cash Available: \$_____ (Amount)

Total Investments: \$_____ (Amount)

Bank Account(s): Checking \$_____ (Amount)

Savings \$_____ (Amount)

Do you own any property? (Including your home and jointly owned property) NO YES

If yes, total tax assessment value of all property \$_____ (Amount)

Mortgage owed \$_____ (Amount) to _____

Other property/assets/automobiles:

Vehicle(s)? NO YES If yes, number of vehicles: _____

Year and make: _____

Amount owed: \$_____ to _____

(Include other information on back if necessary)

Other? (i.e. Campers, trailers, ATVs, etc.)

Please identify: _____

Value \$_____

Amount owed: \$_____ to _____

(Include other information on back if necessary)

Sources of Income (check all that apply):

- | | | | | |
|--|--|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Trust Income | <input type="checkbox"/> Pension | <input type="checkbox"/> Current Employer | <input type="checkbox"/> SSI/SSD |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Investment Income | <input type="checkbox"/> Gifts | <input type="checkbox"/> Family | <input type="checkbox"/> Royalties |
| | | | <input type="checkbox"/> IRA | <input type="checkbox"/> Other _____ |

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

Name: _____

Relation: _____

Address: _____

Phone Number: (_____) _____ - _____

DEPENDENTS

Do you have any children under 18? NO YES If yes, **Do they live with you?** NO YES

(Please provide names, ages of each child)

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

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

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

CASE INFORMATION

Hearing date: _____ **Type:** _____ **Time:** _____

Arresting Officer: _____

Co-Defendants: _____

Known Witnesses: _____

Known Alleged Victims: _____

HISTORY

Do you have Prior Convictions? NO YES

Do you have other Current Charges? NO YES If yes, Which County? _____

Are you currently on Probation of Parole? NO YES If yes, Which County? _____

Are you Current or Former Military? NO YES
If yes, Active? NO YES If no, discharge type? _____

Do you have a history of Mental Illness? NO YES

VERIFICATION

I, _____, hereby give the Office of the Public Defender of Wyoming County 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.

Signature

Date

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

Via mail:
**Office of the Public Defender
Wyoming County Courthouse
One Courthouse Square
Tunkhannock, PA 18657**

Via email:
PD@wyomingcountyPA.gov

Via 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.