

**OFFICIAL USE: PUBLIC DEFENDER SUPERVISOR ONLY: LEAVE BLANK**

File # \_\_\_\_\_ NCP: \_\_\_\_\_ Date: \_\_\_\_\_  
ID # \_\_\_\_\_ OTHER PRISON: \_\_\_\_\_ Approved: \_\_\_\_\_  
OTN # & MDJ \_\_\_\_\_ Assignment: \_\_\_\_\_  
Term # \_\_\_\_\_ Denied: \_\_\_\_\_  
Charges: \_\_\_\_\_ Reason: \_\_\_\_\_  
Co-Defendants: \_\_\_\_\_ Interpreter: \_\_\_\_\_

**PUBLIC DEFENDER APPLICATION**  
OFFICE OF THE PUBLIC DEFENDER  
NORTHAMPTON COUNTY GOVERNMENT CENTER  
669 WASHINGTON STREET  
EASTON, PA 18042-7464  
OFFICE: 610-829-6384 FAX: 610-559-3718

**I HEREBY APPLY FOR THE SERVICES OF THE PUBLIC DEFENDER'S OFFICE AND MAKE THE REPRESENTATIONS WHICH FOLLOW IN ORDER TO QUALIFY FOR SUCH SERVICES. I UNDERSTAND AND AGREE THAT THESE REPRESENTATIONS ARE NOT OF A CONFIDENTIAL NATURE; MAY BE REVEALED TO THE COURT OR OTHER INTERESTED PARTY; AND MAY BE USED AGAINST ME IF PROVED TO BE DELIBERATELY FALSE.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**1. PERSONAL INFORMATION**

- a) Full Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_
- c) Social Security Number: \_\_\_\_\_
- d) Address: \_\_\_\_\_

Street City State Zip

Length of Time at this address: \_\_\_\_\_

Do you own or rent the premises at which you reside: \_\_\_\_\_ Own \_\_\_\_\_ Rent

If you rent, how much per month? \_\_\_\_\_

If neither, who owns this property: \_\_\_\_\_

- e) Home Phone Number: \_\_\_\_\_
- f) Cell Phone Number: \_\_\_\_\_
- g) Email Address: \_\_\_\_\_

h) Marital Status:  
\_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \*  
\_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower

If married, what is the name, age, and address of your spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

i) Do you have any children under the age of 18? \_\_\_\_\_

If yes, please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

If yes, with whom do your children reside? (Please list their guardian(s) names and addresses): \_\_\_\_\_  
\_\_\_\_\_

If your children do not live with you, are you paying support? \_\_\_\_\_  
If yes, how much per week/per month? \$ \_\_\_\_\_  
If yes, please list to whom you are making payments and the address: \_\_\_\_\_  
\_\_\_\_\_

**2. CASE INFORMATION**

- a) I am charged with the following offenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Are you charged with a DUI? \_\_\_\_\_  
If charged with a DUI, which offense? \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)
- c) I \_\_\_\_\_ have / \_\_\_\_\_ have not had a preliminary hearing in this matter before a Magisterial District Judge.
- d) The name of the Magisterial District Judge who heard/will hear my case was/is: \_\_\_\_\_  
\_\_\_\_\_
- e) The date of my hearing is/was: \_\_\_\_\_
- f) Current bail amount for all charges: \_\_\_\_\_
- g) Is this application for a State Parole Violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. APPLICANT'S EMPLOYMENT INFORMATION**

- a) Are you employed? \_\_\_\_\_ If so, who is your employer? \_\_\_\_\_
- b) How long have you been employed at this present job? \_\_\_\_\_
- c) Are you full-time or part-time? \_\_\_\_\_
- d) What is your hourly rate? \$ \_\_\_\_\_  
How frequently are you paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly
- e) If not paid hourly, what is your salary? \$ \_\_\_\_\_  
How frequently are you paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly
- f) How do you receive your paycheck?  
\_\_\_\_\_ Direct Deposit \_\_\_\_\_ Check \_\_\_\_\_ Pay Card \_\_\_\_\_ Cash

**4. SPOUSE'S EMPLOYMENT INFORMATION**

- a) Is your spouse employed? \_\_\_\_\_ If so, who is his/her employer? \_\_\_\_\_  
\_\_\_\_\_
- b) How long has your spouse been employed at this present job? \_\_\_\_\_
- c) Is your spouse full-time or part-time? \_\_\_\_\_
- d) What is your spouse's hourly rate? \$ \_\_\_\_\_  
How frequently is he/she paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly

- e) If not paid hourly, what is your spouse's salary? \$ \_\_\_\_\_  
 How frequently is he/she paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly
- f) How does your spouse receive his/her paycheck?  
 \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Check \_\_\_\_\_ Pay Card \_\_\_\_\_ Cash

**5. FINANCIAL AND ASSET INFORMATION**

- a) Are you receiving any of the following payments?  
 Disability (including Social Security, Workmen's Compensation, etc.) \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_  
 Unemployment \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_  
 Welfare \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_
- b) Is your spouse receiving any of the following payments?  
 Disability (including Social Security, Workmen's Compensation, etc.) \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_  
 Unemployment \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_  
 Welfare \_\_\_\_\_  
 If so, how much per week/per month? \$ \_\_\_\_\_
- c) Do you or your spouse have a checking accounts with a bank or financial institution? \_\_\_\_\_  
 If so, what is the balance of that account? \$ \_\_\_\_\_
- d) Do you or your spouse have a savings accounts with a bank or financial institution? \_\_\_\_\_  
 If so, what is the balance of that account? \$ \_\_\_\_\_
- e) Do you or your spouse have any online/mobile bank accounts (i.e. Chime®, CashApp®, Ally®, etc.) \_\_\_\_\_ If so, what type(s)? \_\_\_\_\_  
 If so, what are the balances of those accounts? \$ \_\_\_\_\_
- f) Do you or your spouse use any online money transfer services (i.e. Venmo, PayPal, Zelle®, etc.) \_\_\_\_\_ If so what type(s)? \_\_\_\_\_
- g) Are you or your spouse the recipient of any trusts, annuities, or estates? \_\_\_\_\_  
 If so, what is the value? \$ \_\_\_\_\_
- h) Do you or your spouse own any stock or bonds of any type? \_\_\_\_\_  
 If so, what is the value? \$ \_\_\_\_\_
- i) Do you or your spouse own any life insurance policies? \_\_\_\_\_  
 If so, what is the value? \$ \_\_\_\_\_
- j) Do you or your spouse own an automobile? \_\_\_\_\_  
 Year and make? \_\_\_\_\_  
 Value? \_\_\_\_\_

Are you making payments for this automobile? \_\_\_\_ If yes, amount? \_\_\_\_\_  
k) Do you or your spouse own any real estate (house or land)? \_\_\_\_\_  
If yes, what is the value of the real estate? \$ \_\_\_\_\_  
Do you have a mortgage? \_\_\_\_\_ If so, how much is owed? \$ \_\_\_\_\_  
How much are your mortgage payments? \$ \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I, \_\_\_\_\_, residing at \_\_\_\_\_ verify that the facts set forth in the foregoing PUBLIC DEFENDER APPLICATION are true and correct to the best of my knowledge, information and belief. I understand that false statements made therein are subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I further declare that:

1. I have not knowingly concealed, or in any way misrepresented my financial resources.
2. I am indigent and unable to procure sufficient funds to obtain legal counsel to represent me.
3. I authorize my employer, bank, government agency, or any entity making payments to myself or my spouse to release information concerning the amount and nature of said payments to the Northampton County Public Defender's Office.
4. If the Public Defender accepts my case, I will notify him or her of any changes in my financial resources including release on bail, employment, case income, or any other items listed in this application.
5. I am aware that I can be prosecuted for perjury if I have made any false statements, misrepresentation, or concealment.
6. That I can be prosecuted if I continue to accept such services after my financial condition has materially changes without notifying the Northampton County Public Defender's Office.
7. That in any such case, this application may be used as evidence against me.
8. By signing this application, I agree to update my contact information, including my address and phone number, and I agree to update my income information within 7 days of any change. Failure to provide updated information may result in the denial of representation through the Northampton County Public Defender's Office.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_