

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

READ AND ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY

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.

I have read and I understand the above statement: _____
SIGNATURE DATE

1. **Full Name:** _____

All Nicknames/Aliases: _____

2. **Date of Birth:** _____

3. **Social Security No.:** _____

4. **Address:** _____ City/State/Zip: _____

Length of Time at this Address: _____

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

If neither, who owns this property: _____

5. **Home Phone Number:** _____ **Cell Phone Number:** _____

6. **Citizenship Status (Check One and Provide the Required Information):**

_____ Born in the United States: Where: _____

_____ Naturalized Citizen: Date you became citizen: _____

_____ Legal alien

_____ Not a citizen: Country of citizenship: _____

7. **Marital Status (Check One)**

_____ Single _____ Divorced _____ Separated *

_____ Married _____ Widow/Widower

8. **Spousal Information (If Applicable):**

Spouse's Name: _____

Spouse's Address (If different from above): _____

Spouse's Date of Birth: _____

9. Do you have any children: _____ No _____ Yes

If Yes: Name(s): _____

Age(s): _____

With whom do your children reside and address: _____

If your children do not live with you, are you paying support?

_____ No

_____ Yes How much per week: \$ _____

To whom are your payments being made and at what address? _____

10. Applicant's Employment Information

Employed at time of commitment: _____ No _____ Yes

If Yes - Where Employed: _____

Are you receiving any of the following payments (*check all that apply*):

_____ Disability: \$ _____ _____ Welfare: \$ _____

_____ Social Security: \$ _____ _____ Workman's Comp: \$ _____

_____ Unemployment: \$ _____ _____ Other: (*specify*): _____

11. Spouse's Employment Information: (*Skip if not married*)

Is your spouse employed? _____ No _____ Yes

If Yes, employer's name: _____

Amount of take home pay: _____ (*note if weekly, monthly, bi-weekly*)

Is your spouse receiving any of the following payments (*check all that apply*):

_____ Disability: \$ _____ _____ Welfare: \$ _____

_____ Social Security: \$ _____ _____ Workman's Comp: \$ _____

_____ Unemployment: \$ _____ _____ Other: (*specify*): _____

12. Financial Information

Do you or your spouse have any bank accounts? _____ No _____ Yes

If Yes: Where: _____

Checking Balance: _____ Savings Balance: _____

Do you or your spouse have any stocks/bonds of life insurance policies? _____ No _____ Yes

If Yes: Value \$ _____

Types of Funds: _____

Do you or your spouse own or have access to an automobile? _____ No _____ Yes

If Yes: Is the vehicle financed? _____

If so, monthly payment \$ _____

Do you or your spouse own any real property? _____ No _____ Yes

If Yes: Value: \$ _____

Mortgage Payment: \$ _____ Mortgage Company: _____

13. Case Information (Criminal Complaint Paper Required)

I am named as Defendant in a criminal action in which it is alleged that I committed the crime(s) of:

Said alleged crime(s) occurred at: _____

Said alleged crime(s) occurred on (date & time): _____

I _____ have _____ have not had a preliminary hearing in this matter before a District Judge.

Name of the District Judge who heard/will hear my case: _____

Date of Preliminary Hearing: _____

Name of Co-Defendant(s) in this criminal action: _____

*If this application is for a State P.V., please indicate here: _____

14. My Present Status (Check One)

_____ I am on my own recognizance

_____ I am in jail at _____ and am unable to post bail in the amount of \$ _____

_____ I am in jail at _____ and bail has been denied.

_____ I am out on bail in the amount of \$ _____ and said bail was posted by: _____

Relationship to you: _____

_____ I am out on unsecured bail in the amount of \$ _____

15. Attorney Information

I am financially unable to procure the services of an attorney _____ Yes _____ No

I am unable to obtain funds from anyone to help procure the services of an attorney _____ Yes _____ No

I have consulted the following attorney(s) about my case: _____

I have previously been represented by the following attorney(s): _____

Name of any Public Defender that represented you in Northampton County: _____

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PLEASE READ CAREFULLY BEFORE SIGNING:

I, _____, BEING DULY SWORN TO LAW, UPON MY OATH, DEPOSE AND SAY:

1. THAT THE FACTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT.
2. THAT THE SAID ALLEGED CRIME(S) DID OCCUR IN NORTHAMPTON COUNTY IN THE COMMONWEALTH OF PENNSYLVANIA.
3. THAT I HAVE NOT KNOWINGLY CONCEALED, OR IN ANY WAY MISREPRESENTED MY FINANCIAL RESOURCES.
4. THAT I AM INDIGENT AND UNABLE TO PROCURE SUFFICIENT FUNDS TO OBTAIN LEGAL COUNSEL TO REPRESENT ME.
5. THAT I AUTHORIZE MY EMPLOYER, BANK, OR ANY ENTITY MAKING PAYMENTS TO MYSELF OR TO MY SPOUSE TO RELEASE INFORMATION CONCERNING THE AMOUNT AND NATURE OF SAID PAYMENTS TO THE PUBLIC DEFENDER'S OFFICE.
6. THAT IF THE PUBLIC DEFENDER'S OFFICE ACCEPTS MY CASE, I WILL NOTIFY THE OFFICE OF ANY CHANGE IN MY FINANCIAL RESOURCES; INCLUDING RELEASE ON BAIL, EMPLOYMENT, CASH INCOME, OR ANY OTHER OF THE ITEMS LISTED IN THIS APPLICATION.
7. THAT I AM AWARE THAT I CAN BE PROSECUTED FOR PERJURY IF I HAVE MADE ANY FALSE STATEMENTS, MISREPRESENTATION OR CONCEALMENT.
8. THAT I CAN BE PROSECUTED FOR THEFT IF I OBTAIN THE SERVICES OF A PUBLIC DEFENDER BY MEANS OF FALSE STATEMENT, MISREPRESENTATION, OR CONCEALMENT.
9. THAT I CAN BE PROSECUTED IF I CONTINUE TO ACCEPT SUCH SERVICES AFTER MY FINANCIAL CONDITION HAS MATERIALLY CHANGED WITHOUT NOTIFYING THE PUBLIC DEFENDER'S OFFICE.
10. THAT IN ANY SUCH CASE, THIS APPLICATION MAY BE USED AS EVIDENCE AGAINST ME.

SIGNATURE OF APPLICANT

VERIFICATION:

I VERIFY THAT THE STATEMENTS MADE IN THIS AFFIDAVIT ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 Pa.C.S.A. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES

SIGNATURE OF APPLICANT

DATE OF APPLICATION