RETURN THIS APPLICATION TO: Office of Court-Appointed Counsel (Public Defender's Office), 223 Penn Street, Huntingdon, PA 16652

*must be returned in person, by mail or fax

APPLICATION FOR PUBLIC DEFENDER

HEARING DATE: _____

TIME: _____

PLACE:

IN THE COURT OF COMMON PLEAS OF HUNTINGDON COUNTY, PENNSYLVANIA CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA	:	NO:
	:	CHARGES:
VS.	:	
	:	
	:	

CERTIFICATE FOR APPOINTMENT OF PUBLIC DEFENDER

Now, on the within application, the Public Defender services in this case are approved.

FOR THE COURT OF COMMON PLEAS OF HUNTINGDON COUNTY

BY:

Frederick R. Gutshall, Chief Public Defender

DATE:

ASSIGNED: _____

Please answer all of the following questions. Do not leave questions blank.

Name of applicant:		D/O/B:	
Mailing Address:		City:	
State:	Zip:	Phone numbers: () ()	
	•	efendant in the above-entitled criminal cause of ing the following charges	
		,	on

Because of my insufficient funds, or funds from anyone, including my family and associates,

by way of compensation for counsel, I represent that the answers to the following questions

are true to the best of my information and belief:

Α.	How much money do you have:		
	On your person		
	In the custody of the Warden		
	In the bank		
	At home	Elsewhere	
В.	Do you own an automobile? (circle one If so, year Make	,	
	Monthly payment	Amount still owed	_
C.	Do you own any real estate? (circle one Original Cost Month	ne) Yes No thly Mortgage payment	
	Do you pay rent? (circle one) Yes Amount per month		

D. Do you own any other property or have any other assets? (circle one) Yes No If so, furnish description:

E.	Does anyone owe you money? If so, how much?			
F.	Are you married? (circle one) Yes No			
	Do you live with your spouse? (circle one) Yes No			
	Name and address of spouse			
	Does your spouse work? (circle one) Yes No			
	If so, where?			
	Spouse's net weekly income (from all sources)			
G.	Do you have any children? (circle one) Yes No			
	List name(s), age(s) and address(es) of child(ren):			
	NAME AGE ADDRESS			
H.	Do you pay support? (circle one) Yes No How much per month?			
I.	Are you currently employed? (circle one) Yes No Employer's name and address			
	How long have you been employed there?			
	If you are not currently employed, when did you last work?			
	Is there a job waiting for you? (circle one) Yes No When? Where?			
J.	List all amounts of income that you receive per month from any source, such as			

K. Check the statement that applies to your present situation:

I am presently in jail and unable to obtain bail in the amount of

- I am presently released from jail on bail in the amount of ______ paid by ______
- □ I am presently on (circle one) nominal, R.O.R., or supervised bail

L.	Have you been previously represented by an attorney? (circle one) Yes No If yes, name of the attorney?				
	What was the name of the case?				
	Was the attorney paid? (circle one) Yes No If so, by whom?				

M.	Are you currently on probation or parole? (circle one)	Yes	No
	If yes, what county or state of probation/parole?		
	Indictment Number:		
	Sentence Length:		
	Probation Officer's Name:		

N. Are you a U.S. citizen? (circle one) Yes No If you are not a U.S. citizen, immigration status?

NOTE: In signing this Application, I indicate that if counsel is appointed to represent me, I have a duty to inform him/her immediately of any change in my financial condition.

WHEREFORE, I, the Petitioner, pray that the Honorable Court assign counsel to

represent me in the above-captioned criminal cause of action without fee to the

Defendant.

Defendant

Defendant further says:

- 1. I am the Petitioner in the above-captioned action.
- 2. I have read the foregoing Petition and know the contents thereof, and the same are true to my own knowledge, except as to the matters there stated to be alleged as to the persons other than myself, and as to those matters, I believe it to be true.
- 3. This Affidavit is made to inform the Court as to my status as an indigent person in order to secure free counsel for the charge(s) that have been made against me.

4. I UNDERSTAND THAT IF MY INCOME CHANGES OR IF MY ECONOMIC CIRCUMSTANCES CHANGE, I HAVE THE DUTY TO REPORT THAT CHANGE TO MY ASSIGNED COUNSEL.

I verify the statements made in this Petition are true and correct.
I understand that false statements herein are also made subject to the penalties of 18 PA C.S. § 4904, relating to unsworn falsification to Authorities.

Date

Defendant