**COUNTY OF HUNTINGDON**

OFFICE OF COURT-APPOINTED COUNSEL

Huntingdon County Courthouse Frederick R. Gutshall, Esquire

223 Penn Street Director of Court-Appointed Counsel

Huntingdon, PA 16652

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**APPLICATION FOR PUBLIC DEFENDER**

All applications for representation submitted to the Public Defender’s Office will require documentation of all household earned or unearned income.

TYPE OF INCOME:

Wages

Unemployment Compensation

Child Support

Social Security

SSI Disability

Welfare Benefits

Retirement/Annuities

ACCEPTABLE DOCUMENTATION:

Pay Stubs

Employer Letter (Company Letterhead)

Statement from Domestic Relations

Letter from Social Security

Copy of Bank Stmnt showing Direct Dep.

Statement from Dept. of Public Welfare

Retirement/Annuity Disbursement Letter

APPLICATIONS SUBMITTED WITHOUT DOCUMENTATION **WILL NOT** BE CONSIDERED UNTIL DOCUMENTATION IS PROVIDED

*(UNLESS YOU ARE PRESENTLY INCARCERATED)*.

**PLEASE PRINT NEATLY**

IF WE CANNOT READ YOUR INFORMATION YOU MAY BE REJECTED

**Check type of matter applying for representation for (explain if necessary):**

New criminal charge PFA Contempt Summary Hearing

Revocation Appeal Probation/Parole Violation

Other (explain)

**HEARING DATE:**   **TIME:**

**PLACE:**

My name is:

(First) (Middle) (Last)

My mailing address is:

(Street, Apt. No., PO Box)

(City) (State) (Zip)

My telephone number is:

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_

If you cannot reach me at that number, you can leave a message at: ( ) -

My date of birth is: / /

I am: Single Married Separated Divorced

Are you a U.S. citizen? \_\_\_ Yes \_\_\_ No  
If you are not a U.S. citizen, what is your immigration status?

**LIST THE FOLLOWING ABOUT THE CHARGES PENDING AGAINST YOU:**

CHARGE

CO-DEFENDANT(S)

VICTIM(S)

Are you currently in jail? \_\_\_ Yes \_\_\_ No

If yes, bail is set at: Date put in jail: / /

Are you presently released from jail on bail?

If yes, what amount? Paid by?

Are you currently employed? \_\_\_ Yes \_\_\_ No

If yes, provide your employers name, address, and phone number

How long have you been employed there?

What are you paid hourly? How many hours per week?

*Or* How much are your paychecks biweekly?

What was your total income for the past 12 months?

If you are not currently employed, when did you last work?

Where?

Is there a job waiting for you? \_\_\_ Yes \_\_\_ No

If yes, when and where?

**If you are not employed, state source and amount of any income:**

Public Assistance $ \_\_\_\_\_\_\_\_\_ per month

Social Security $ \_\_\_\_\_\_\_\_\_ per month

Pension $ \_\_\_\_\_\_\_\_\_ per month

Are you a veteran? \_\_\_ Yes \_\_\_ No

SSI $ \_\_\_\_\_\_\_\_\_ per month

Unemployment $ \_\_\_\_\_\_\_\_\_ per month

Other $ \_\_\_\_\_\_\_\_\_ per month

VA Benefits $ \_\_\_\_\_\_\_\_\_ per month

Are you married? \_\_\_ Yes \_\_\_ No

If yes, do you live with your spouse? \_\_\_Yes \_\_\_ No

Spouses name and address:

Does your spouse work? \_\_\_Yes \_\_\_ No

If yes, spouse’s employer:

Spouse’s monthly income (from all sources):

**LIST ALL PERSONS WHO LIVE WITH YOU AND THEIR RELATIONSHIP TO YOU:**

NAME

RELATIONSHIP

AGE

Do you pay child support? \_\_\_ Yes \_\_\_ No

If yes, what amount do you pay per month?

Do you receive child support? \_\_\_ Yes \_\_\_ No

If yes, what is the monthly amount paid/ordered to be paid to you?

How much money do you have…?

On your person:

In the bank:

At home:

In the custody of the Warden:

Elsewhere:

Do you own a house, land, mobile home, other real estate? \_\_\_Yes \_\_\_No

If yes: Original cost: $ Monthly mortgage payment: $

Do you pay rent? \_\_\_ Yes \_\_\_ No If so, amount per month?

Do you own an automobile? \_\_\_ Yes \_\_\_ No

If yes: Year Make Model

Cost Monthly payment Amount still owed

Do you own any other property or have any other assets? \_\_\_ Yes \_\_\_ No

If yes, please describe:

Have you previously been represented by an attorney? \_\_\_ Yes \_\_\_ No

If yes, Name of the attorney?

What was the name of the case?

Was the attorney paid? \_\_\_ Yes \_\_\_ No If so, by whom?

Are you currently on probation or parole? \_\_\_ Yes \_\_\_ No

If yes, What county or state of probation/parole?

Probationary term/Sentence Length:

Probation Officer’s Name:

I give permission to the following person(s) to contact your office to receive information regarding my case: *i.e. Spouse, Parent, Sibling, etc.*

Name

Phone Number

***PLEASE READ CAREFULLY:***

***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, income, and/or address.***

***I verify that the above information is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code (Pa.C.S.A.§ 4904), relating to unsworn falsification to authorities.***

**X   
 *(Signature)***