

**COUNTY OF HUNTINGDON**  
OFFICE OF COURT-APPOINTED COUNSEL

Huntingdon County Courthouse  
223 Penn Street  
Huntingdon, PA 16652  
Phone: (814) 506-9026  
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Frederick R. Gutshall, Esquire  
Director of Court-Appointed Counsel

**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 Stmtnt 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 email address 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:**

<u>CHARGE</u>	<u>CO-DEFENDANT(S)</u>	<u>VICTIM(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

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

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

Are you a veteran?  Yes  No

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:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)