

**ADULT APPLICATION FOR PUBLIC DEFENDER REPRESENTATION**

**\*\*\*READ THE FOLLOWING CAREFULLY\*\*\***

**THIS APPLICATION MUST BE RECEIVED IN THE OFFICE AT LEAST THREE (3) DAYS PRIOR TO YOUR SCHEDULED PROCEEDINGS. APPLICATIONS RECEIVED AFTER WILL BE REJECTED. TO BE ELIGIBLE FOR REPRESENTATION BY THIS OFFICE YOU MUST QUALIFY UNDER THE CURRENT GUIDELINES UPON WHICH THIS OFFICE IS GOVERNED. YOU MUST COMPLETE AND COMPLY WITH ALL QUESTIONS ON THIS APPLICATION.**

In order to determine your eligibility for legal representation by the Public Defender's Office of Elk County, **YOU MUST COMPLETE EVERY QUESTIONS ON THIS APPLICATION.** If a question does not apply, please indicate with "N/A". You must also include with the application verification of your financial status such as pay stubs, bank statements, and any other documentation indicated on the application form. Your application cannot be processed without the required information. If all required information is not enclosed, your application will be returned or denied.

If you are currently incarcerated, you must first forward your application to the officials of the prison. **UPON RELEASE FROM PRISON, YOU MUST REAPPLY TO THIS OFFICE TO SEE IF YOU STILL QUALIFY FOR REPRESENTATION AND TO PROVIDE UPDATED CONTACT INFORMATION.** Application forms are available at the Public Defender's Office located at the Courthouse Annex, 300 Center Street, Suite 209, P.O. Box 448, Ridgway, Pennsylvania, 15853 or online at [www.countyofelkpa.com](http://www.countyofelkpa.com).

By completing the application, you are authorizing the Public Defender's Office to contact and receive information from any source necessary to verify the information you are providing. The application itself acts as a release for this purpose.

If during the course of your case your income should change, you must notify this office immediately. Failure to do so could result in this office filing a motion with the court for imposition of attorney fees which shall be paid by you.

**IF YOU ARE CHARGED WITH A NEW OFFENSE WHILE BEING REPRESENTED BY THIS OFFICE OR BECOME INVOLVED WITH NEW PROCEEDINGS SUCH AS PROBATION/PAROLE REVOCATION, YOU MUST SUBMIT AN ENTIRELY NEW APPLICATION FOR REPRESENTATION FOR THAT CHARGE AND/OR PROCEEDING.**

Please be advised that once you are sentenced and/or revoked, thirty-one (31) days after that, the Public Defender's Office no longer represents you.

Please be advised that once you become a client of the public defender's office, everything pertaining to your case is confidential and will only be discussed with you.

**IF YOU CHOOSE TO IGNORE READING THE INSTRUCTIONS AND YOUR APPLICATION IS RETURNED TO YOU, THE PUBLIC DEFENDER'S OFFICE IS NOT RESPONSIBLE IF YOU DO NOT HAVE COUNSEL FOR YOUR SCHEDULED PROCEEDINGS. YOU MUST INCLUDE A COMPLETE COPY OF THE POLICE CRIMINAL COMPLAINT INCLUDING AFFIDAVIT OF PROBABLE CAUSE. IF YOU ARE PRESENTLY INCARCERATED AND DO NOT HAVE A COPY, WE WILL OBTAIN A COPY FOR YOU.**

**PLEASE RETURN COMPLETED APPLICATION TO:**

**Elk County Public Defender's Office  
Courthouse Annex  
300 Center Street, Suite 209  
P.O. Box 448  
Ridgway, PA 15853**

**Building Hours: 8:30 a.m. to 4:00 p.m.  
(Mailbox outside of Office on 2<sup>nd</sup> Floor)**

**Applications may be faxed to the following number:  
(814) 245-2101**

**If you have any questions, you may contact us at:  
(814) 245-2100**

APPLICATION FOR LEGAL REPRESENTATION  
ELK COUNTY PUBLIC DEFENDER'S OFFICE  
RIDGWAY, PENNSYLVANIA

OTN AND/OR DOCKET NO. \_\_\_\_\_  
MUST BE PROVIDED

OFFICE USE ONLY

DATE RECEIVED:

\_\_\_\_\_

APPROVED

REJECTED

ADVISED:  
PERSONALLY \_\_\_\_\_  
LETTER \_\_\_\_\_

APPLICATION  
RETURNED  
INCOMPLETE

OR

LACK OF  
DOCUMENTATION

NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \* (NOT PRISON ADDRESS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER\* \_\_\_\_\_ CELL PHONE NUMBER\* \_\_\_\_\_

\*(IF INCARCERATED, YOU MUST PROVIDED AN ADDRESS AND PHONE NUMBER WHERE YOU CAN BE REACHED UPON YOUR RELEASE)

ARE YOU INCARCERATED? YES/NO DATE OF INCARCERATION: \_\_\_\_\_

WHERE ARE YOU INCARCERATED? \_\_\_\_\_

I AM INVOLVED IN THE FOLLOWING PROCEEDING(S):

CRIMINAL CHARGE \_\_\_\_\_ APPEAL OF SENTENCE \_\_\_\_\_

PROBATION VIOLATION \_\_\_\_\_ EXTRADITION \_\_\_\_\_

BENCH WARRANT \_\_\_\_\_ INDIRECT CRIMINAL CONTEMPT \_\_\_\_\_

OTHER \_\_\_\_\_

NAME OF CO-DEFENDANT(S): \_\_\_\_\_

CRIMINAL CHARGES

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

HEARING DATE: \_\_\_\_\_ MAGISTRATE/JUDGE: \_\_\_\_\_

ARE YOU ON PROBATION/PAROLE? YES/NO

WHO IS YOUR PROBATION OR PAROLE OFFICER? \_\_\_\_\_

**FINANCIAL DISCLOSURE**

**MARITAL STATUS:**

MARRIED \_\_\_\_\_

SINGLE \_\_\_\_\_

SEPARATED \_\_\_\_\_

DIVORCED \_\_\_\_\_

**DEPENDANTS:**

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ARE YOUR DEPENDANTS CURRENTLY LIVING WITH YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU RECEIVE ANY TYPE OF SUPPORT PAYMENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST AMOUNT(S)/TYPES(S) OF SUPPORT:

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ARE YOU CURRENTLY PAYING SUPPORT FOR ANY CLAIMED DEPENDANT NOT LIVING WITH YOU?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST AMOUNT(S) AND INCLUDE DOCUMENTATION: \_\_\_\_\_

COURT ORDERED EXPENSES: YES/NO  
ATTACH COPY OF COURT ORDER(S)

AMOUNT: \$ \_\_\_\_\_

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**EMPLOYER INFORMATION:**

EMPLOYER

POSITION

ADDRESS

DATE EMPLOYED

SUPERVISOR'S NAME

SALARY/ HOURLY WAGE

WEEKLY/BIWEEKLY/MONTHLY

HOURS PER WEEK

DO YOU: OWN \_\_\_\_\_

RENT \_\_\_\_\_

**ACCOUNT INFORMATION:**

CHECKING ACCOUNT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
YES/NO - IF YES, LIST FINANCIAL INSTITUTION

SAVINGS ACCOUNT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
YES/NO - IF YES, LIST FINANCIAL INSTITUTION

AVAILABLE CASH: YES/NO AMOUNT: \$ \_\_\_\_\_

**OTHER MEANS OF INCOME:**

PUBLIC ASSISTANCE: YES/NO AMOUNT: \$ \_\_\_\_\_  
FOOD STAMPS: YES/NO AMOUNT: \$ \_\_\_\_\_  
SOCIAL SECURITY: YES/NO AMOUNT: \$ \_\_\_\_\_  
UNEMPLOYMENT: YES/NO AMOUNT: \$ \_\_\_\_\_  
WORKERS COMPENSATION: YES/NO AMOUNT: \$ \_\_\_\_\_  
PENSION: YES/NO AMOUNT: \$ \_\_\_\_\_  
DISABILITY: YES/NO AMOUNT: \$ \_\_\_\_\_  
OTHER (SPECIFY): AMOUNT: \$ \_\_\_\_\_

**INCOME FROM OTHER HOUSEHOLD MEMBERS:**

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NAME	RELATIONSHIP
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EMPLOYER	AMOUNT PER MONTH
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UNDERSTANDING THAT THE LAW PROVIDES PENALTIES FOR FALSEHOODS, I HEREBY SWEAR THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT STATEMENTS. I AGREE TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGES IN MY FINANCIAL CONDITION IMMEDIATELY, AS WELL AS CHANGES IN ADDRESS, TELEPHONE, ETC. I HEREBY AUTHORIZE THE PUBLIC DEFENDER'S OFFICE TO CONTACT MY EMPLOYER OR ANY OTHER INSTITUTION CONCERNING MY FINANCIAL CONDITION. FURTHER, I HEREBY AUTHORIZE MY EMPLOYER OR ANY OTHER INSTITUTION CONCERNING MY FINANCIAL CONDITION TO RELEASE SUCH INFORMATION TO THE PUBLIC DEFENDER'S OFFICE AS MAY BE NECESSARY TO VERIFY THE STATEMENTS MADE HEREIN. I ALSO UNDERSTAND THAT THE PUBLIC DEFENDER'S OFFICE WILL PETITION THE COURT FOR ATTORNEY FEES TO BE PAID BY ME SHOULD I FAIL TO PROVIDE FULL AND COMPLETE INFORMATION. I FURTHER AUTHORIZE THE PUBLIC DEFENDER'S OFFICE TO CONTINUE MY HEARINGS, CONFERENCES, ETC. ANY TIME OR TO RESCHEDULE THEM AT SUCH TIME AS THEY DEEM APPROPRIATE AND MOST EFFICIENT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME