



CHIEF PUBLIC DEFENDER  
ROBERT F. BERNATHY

THOMAS E. MINCER  
JUSTIN PFAFF

OFFICE OF PUBLIC DEFENDER  
OF THE COUNTY OF PIKE

102 EAST JOHN STREET, SUITE 1  
MILFORD, PA 18337  
TELEPHONE 570-296-5266  
FAX 570-296-3566  
EMAIL: publicdefender@pikepa.org

**Instructions For Public Defender Applicants  
(18 years of age or older)**

1. The application **MUST** be **COMPLETELY** filled out and **ALL** supporting documentation provided. Each page **Must** be initialed to show that the Applicant has both read and understands the contents of each page.
2. Return the completed application **IN PERSON** to the Pike County Public Defender's Office, 102 East John Street, Suite 1, Milford, PA 18337 between the hours of **8:30 a.m. and 3:00 p.m. - Monday through Friday.**
3. **The application must be submitted in person by charged defendant with government issued identification.**
4. **The application must be received by the Public Defender's Office at least 7 business days prior to your preliminary hearing or you will NOT be assigned an attorney for the preliminary hearing. DO NOT bring the application with you to the hearing and expect that you will automatically be approved or an attorney will be appointed at this time.**
5. **Applications will NOT be processed and/or accepted the day before court or on the day of court. THERE WILL BE NO EXCEPTIONS.**
6. The application **MUST** be signed where indicated. Your application will not be accepted unless it is completed, signed, and **ALL** supporting documents or verification of income and assets are provided.
7. If you are incarcerated, you **MUST** provide your home address, not the prison.
8. If you are in Jail, and post bail you **MUST** reapply.
9. You **MUST** provide all paperwork relative to your case; for example, Criminal Complaint, PFA Violation, Original PFA paperwork, Summary Trial Notice and Citation. **Your application will not be processed unless all paperwork is provided.**
10. Only indigent persons, in other words people who cannot afford to hire a lawyer, are eligible for a Public Defender. Eligibility for appointment of a Public Defender is determined by a number of factors, including but not limited to, household income and available assets, the type of case and by reference to the United States Department of Health and Human Services Poverty Guidelines. The cost of the Public Defenders is borne by the Taxpayers of Pike County, not the State of Pennsylvania.
11. As part of the application process, **ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION WHERE APPLICABLE:**
  - **Criminal Complaint and Affidavit of Probable Cause**
  - **A true copy of your most recent Federal Income Tax Return, including W-2's**

INITIALS \_\_\_\_\_

- **Your three (3) most recent pay stubs showing year to date earnings**
  - **If Married or residing with a significant other, a true copy of your significant other's Federal Income Tax Return, including W-2's**
  - **If Married or residing with a significant other, your significant other's three (3) most recent pay stubs showing year to date earnings**
  - **Proof of Child Support**
  - **Current Social Security or Unemployment Statements**
  - **Current Welfare Statements (Food Stamps, Cash Assistance, Section 8)**
  - **A Notarized letter stating financial support if you are not stating any income (if this letter cannot be notarized, a copy of the photo ID for the person providing support must be provided)**
  - **Property tax for any and all property owned**
  - **Balance of mortgage on property**
  - **If receiving any other income from the government or otherwise it must be accounted for**
  - **Your Driver's License and/or other I.D. with your picture**
12. No application for Public Defender shall be approved unless and until the requested financial information is provided.
  13. The Public Defender shall re-examine eligibility as deemed necessary.
  14. If you are not approved for Public Defender representation you will have to seek private counsel.
  15. If you get new charges, you must complete a new application. **DO NOT** assume that simply because you were represented by a Public Defender before that you will automatically be represented.
  16. Due to attorney-client privacy requirements, the Public Defender will not discuss your case with anyone but **YOU**, unless we receive your consent to do so.
  17. You **MUST** keep our office informed of your current address, telephone number and financial changes.
  18. You **MUST** notify the Public Defender's Office within 72 hours with any change in financial status.
  19. **IF THE INFORMATION SUPPLIED IN THIS APPLICATION IS DETERMINED TO BE FALSE, SUCH DETERMINATION COULD HAVE SEVERE CRIMINAL AND/OR CIVIL FINANCIAL CONSEQUENCES. IF THE APPLICANT BECOMES INELIGIBLE FOR FREE LEGAL SERVICES BY OBTAINING EMPLOYMENT, INCOME FROM ANOTHER SOURCE OR ASSETS, WHILE THE CASE IS PENDING, THE APPLICANT MUST IMMEDIATELY NOTIFY THE PUBLIC DEFENDER'S OFFICE OF THE CHANGE IN STATUS OR CIRCUMSTANCES.**
  20. **THE SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION SHALL CEASE UPON A FINAL DECISION, VERDICT, ACQUITTAL, OR DISMISSAL IN THE APPLICANT'S CASE BY THE COURT OF COMMON PLEAS OF PIKE COUNTY OR LOWER MAGISTERIAL DISTRICT COURT OF PIKE COUNTY.**
  21. **THE SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION SHALL NOT OBLIGATE HIM OR HER TO REPRESENT THE APPLICANT IN ANY MATTER, PROCEEDING OR APPEAL TO A HIGHER COURT.**
  22. **IF THE APPLICANT CHOOSES TO PROCEED TO APPEAL A FINDING BY THE COURT TO A HIGHER AUTHORITY, THEN THE PUBLIC DEFENDER SHALL PROVIDE THE APPLICANT WITH SAMPLE DOCUMENTATION TO REVIEW AND UTILIZE IN PERFECTING THE APPLICANT'S APPEAL. HOWEVER, THIS DOES NOT PRECLUDE THE PUBLIC DEFENDER, AFTER A REVIEW WITH**

INITIALS \_\_\_\_\_

**THE CHIEF PUBLIC DEFENDER, TO PURSUE APPEALS WITH THE APPLICANT'S AGREEMENT.**

- 23. IN THE EVENT A DETERMINATION OF FINANCIAL INELIGIBILITY IS MADE FOR ANY REASON AFTER THE INITIAL APPLICATION FOR FREE SERVICES HAS BEEN APPROVED, IT SHALL BE THE APPLICANT'S RESPONSIBILITY TO PAY PIKE COUNTY FOR THE SERVICES PROVIDED.**
- 24. THE PUBLIC DEFENDER'S OFFICE RESERVES THE RIGHT TO REQUIRE THE SUBMISSION OF ANY DOCUMENTATION DEEMED NECESSARY TO SUPPORT THE INFORMATION REQUESTED IN THIS APPLICATION.**
- 25. FURTHER, BE AWARE THAT MISREPRESENTATION, FALSE AFFIDAVITS AND FALSE STATEMENTS MADE BY ANY PERSON FOR THE PURPOSES OF SECURING COUNSEL OR SERVICES OF THE PUBLIC DEFENDER'S OFFICE WILL BE SUBJECT TO THE PENALTIES PRESCRIBED BY LAW FOR PERJURY. IF CONVICTED, SUCH PERSONS SHALL BE REQUIRED TO MAKE RESTITUTION TO THE COUNTY AND THE COMMONWEALTH OF PENNSYLVANIA FOR ALL MONIES PAID ON ACCOUNT OF SUCH FALSE STATEMENTS UNDER 16 Pa. C.S. §9960.8.**
26. Regardless of representation, you must contact the Bail Agency or the Pike County Probation Office at (570) 296-7412 within 48 hours to schedule an appointment for completion of a Bail Report pursuant to Pa. Rules of Criminal Procedure Rules 530(A). You must bring with you to the Probation Department proof of identity (including driver's license and social security card), residence, employment (if any) and income. The Probation Department will prepare a report concerning your background and financial status to aid the Magistrate in determining whether a cash bail needs to be set.

I, (print your name) \_\_\_\_\_, have read and accept the terms and conditions of this application process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

INITIALS \_\_\_\_\_



CHIEF PUBLIC DEFENDER  
ROBERT F. BERNATHY

SENIOR ASSISTANT PUBLIC  
DEFENDER  
CHRISTIAN E. WEED

ASSISTANT PUBLIC DEFENDER  
NICHOLAS J. MCINTYRE

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**ADULT APPLICATION FOR PUBLIC DEFENDER**

**APPLICANT INFORMATION**

TODAY'S DATE: \_\_\_\_\_

I AM (CIRCLE ONE): **IN JAIL** OR **OUT OF JAIL** NAME OF JAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RESIDENCE TYPE: (CIRCLE) **HOUSE** **APARTMENT** **TRAILER** **OTHER**

DO YOU OWN OR RENT: (CIRCLE) **OWN** **RENT** **OTHER**

IF YOU OWN, HOUSE VALUE: \_\_\_\_\_ MONTHLY RENT/MORTGAGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

S.S. # \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED: **YES** OR **NO** IF SO WHERE?: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

HOW MANY CHILDREN DO YOU HAVE? \_\_\_\_\_

HOW MANY OF YOUR CHILDREN UNDER 18 Y/O RESIDE WITH YOU? \_\_\_\_\_

LIST THE NAMES, AGE AND ADDRESS OF EACH CHILD:

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

INITIALS \_\_\_\_\_

HOW FAR DID YOU GO IN SCHOOL? \_\_\_\_\_

DO YOU OWN ANY FIREARMS/WEAPONS OR RESIDE WHERE THERE ARE ANY  
FIREARMS/WEAPONS? (If yes, list firearms/weapons.) \_\_\_\_\_

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE (CIRCLE): **YES** OR **NO**  
CITIZEN OF THE U.S.? (CIRCLE) **YES** OR **NO** IF NO, WHAT COUNTRY? \_\_\_\_\_

VISA STATUS: \_\_\_\_\_ INTERPRETER NEEDED (list language): \_\_\_\_\_

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES (Army,  
Navy, Airforce, Marines, Coast Guard or Reserves): \_\_\_\_\_

ENTRANCE DATE: \_\_\_\_\_ EXIT DATE: \_\_\_\_\_ RANK: \_\_\_\_\_

DISCHARGE TYPE: \_\_\_\_\_ DISABILITY AMOUNT: \$ \_\_\_\_\_

HAVE YOU EVER BEEN IN A MENTAL INSTITUTION OR RECEIVED TREATMENT FOR A  
MENTAL DISEASE? \_\_\_\_\_

DO YOU SUFFER FROM ANY HEALTH PROBLEMS OR DISABILITIES? \_\_\_\_\_

LIST THE NAMES AND AGES OF ALL THE PEOPLE YOU LIVE WITH: \_\_\_\_\_

PROVIDE A CONTACT PERSON WHO WILL **ALWAYS** KNOW YOUR WHEREABOUTS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PROVIDE THE NAME AND RELATION OF THE PERSON THAT YOU GIVE PERMISSION  
FOR YOUR ATTORNEY TO DISCUSS YOUR CASE WITH: \_\_\_\_\_

\*PLEASE NOTE: DUE TO PRIVACY LAWS WE WILL ONLY DISCUSS YOUR CASE WITH  
YOU AND THE PERSON LISTED ABOVE.

### **CHARGES, HEARING INFORMATION & PRIOR RECORD**

LIST ALL CRIMINAL CHARGES AGAINST YOU: \_\_\_\_\_

MAGISTRATE/JUDGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE AND TIME OF HEARING: \_\_\_\_\_

BAIL: ROR \_\_\_\_\_ AMOUNT: \_\_\_\_\_ UNSECURED? (CIRCLE) **YES** OR **NO**

IF BAIL WAS POSTED, LIST BY WHOM, RELATIONSHIP AND WHEN: \_\_\_\_\_

INITIALS \_\_\_\_\_

HAVE YOU CONSULTED A PRIVATE ATTORNEY FOR THIS MATTER? \_\_\_\_\_

IF YES, HAVE PAID A RETAINER FEE & TO WHOM? \_\_\_\_\_

CO-DEFENDANT'S (LIST ANY OTHER PERSON(S) ALSO BEING CHARGED):

DO YOU HAVE ANY OTHER PENDING CRIMINAL MATTERS, WARRANTS OR  
DETAINERS? (CIRCLE) **YES** OR **NO**

IF YES, WHAT IS THE STATUS? \_\_\_\_\_

ARE YOU CURRENTLY ON SUPERVISION? (CIRCLE) **YES** OR **NO**

IF YES, IS IT FEDERAL, STATE OR COUNTY? \_\_\_\_\_

IS YOUR SUPERVISION UNDER AN ARD PROGRAM, DRUG, VETERANS, OR MENTAL  
HEALTH COURT PROGRAM? (CIRCLE) **YES** OR **NO**

IF YES, WHICH PROGRAM: \_\_\_\_\_

PRIOR RECORD (List **ALL** convictions, State or Federal, Summary, Misdemeanors, Felonies in  
**ALL** States as a Juvenile & Adult, and prior ARDS or other Expungements). Without this  
information the Public Defender cannot accurately advise you.

**EMPLOYMENT INFORMATION**

ARE YOU PRESENTLY WORKING? (CHECK) YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES: POSITION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WAGES OR SALARY: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_ HOURLY RATE OF PAY: \_\_\_\_\_

IF NO: LAST DAY WORKED: \_\_\_\_\_

LAST FIVE (5) PLACES WORKED, DATES AND SALARY:

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

INITIALS \_\_\_\_\_

HOW ARE YOU SUPPORTING YOURSELF? \_\_\_\_\_

IF YOU HAVE NO INCOME, WHO IS SUPPORTING YOU?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### FINANCIAL INFORMATION & ASSETS OWNED

**\*\*YOU MUST LIST ALL POSSESSIONS OWNED BY YOU, JOINTLY AND OR YOUR SPOUSE.**

ARE YOU CURRENTLY RECEIVING PUBLIC ASSISTANCE? (CIRCLE) YES OR NO  
IF SO, WHAT ASSISTANCE AND HOW MUCH PER MONTH: \_\_\_\_\_

DO YOU HAVE ANY SOURCE OF INCOME SUCH AS?

ALIMONY YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

RENTAL INCOME YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

UNEMPLOYMENT COMP. YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

WORKMAN'S COMP. YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

DISABILITY YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

SSI/SSD YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

RETIREMENT BENEFITS YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

MILITARY BENEFITS YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

MEDICAL YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

FOOD STAMPS YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

CASH ASSISTANCE YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

OTHER: \_\_\_\_\_ YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT YOU PAY: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT YOU RECEIVE: \_\_\_\_\_

DO YOU RECEIVE SSI/SSD FOR THE CHILD(REN)? IF SO, HOW MUCH PER MONTH: \_\_\_\_\_

DO YOU RECEIVE SECTION 8 HOUSING? YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH? \_\_\_\_\_

DO YOU HAVE ANY CASH ON HAND? YES: \_\_\_ NO: \_\_\_ IF SO, HOW MUCH? \_\_\_\_\_

IS YOUR SPOUSE WORKING? YES: \_\_\_ NO: \_\_\_ IF SO, GROSS MONTHLY INCOME? \_\_\_\_\_

SPOUSES POSITION: \_\_\_\_\_ SPOUSES EMPLOYER: \_\_\_\_\_

LIST MONTHLY INCOME OF EVERY PERSON IN YOUR HOUSEHOLD:

INITIALS \_\_\_\_\_

NAME

MONTHLY INCOME

RELATION


TOTAL GROSS HOUSEHOLD INCOME (INCLUDING YOUR OWN): \$ \_\_\_\_\_ PER MONTH TOTAL  
 GROSS HOUSEHOLD INCOME FROM PAST 12 MONTHS: \$ \_\_\_\_\_

LIST ALL VEHICLES, RECREATIONAL OR OTHERWISE YOU OWN AND/OR JOINTLY OWN OR  
 ARE REGISTERED TO YOU AND/OR JOINTLY REGISTERED (YEAR, MAKE & MODEL):

TYPE: _____	VALUE: _____	LOAN AMOUNT: _____
TYPE: _____	VALUE: _____	LOAN AMOUNT: _____
TYPE: _____	VALUE: _____	LOAN AMOUNT: _____
TYPE: _____	VALUE: _____	LOAN AMOUNT: _____
TYPE: _____	VALUE: _____	LOAN AMOUNT: _____

ASSETS, BANK & OTHER ACCOUNT BALANCE INFORMATION: (CHECK ALL THAT APPLY)

\_\_\_ CHECKING BALANCE: \_\_\_\_\_

\_\_\_ SAVINGS BALANCE: \_\_\_\_\_

\_\_\_ MONEY MARKET BALANCE: \_\_\_\_\_

\_\_\_ CERTIFICATES OF DEPOSIT VALUE: \_\_\_\_\_

\_\_\_ BOND VALUE: \_\_\_\_\_

\_\_\_ STOCK VALUE: \_\_\_\_\_

\_\_\_ OTHER ACCOUNTS: \_\_\_\_\_

REAL ESTATE HOLDINGS: (LIST ALL REAL ESTATE YOU OWN INDIVIDUALLY OR JOINTLY)

TYPE: _____	VALUE: _____	MORTGAGE AMOUNT: _____
TYPE: _____	VALUE: _____	MORTGAGE AMOUNT: _____
TYPE: _____	VALUE: _____	MORTGAGE AMOUNT: _____
TYPE: _____	VALUE: _____	MORTGAGE AMOUNT: _____

HAVE YOU SOLD ANY REAL ESTATE OWNED INDIVIDUALLY OR JOINTLY WITHIN THE PAST  
 THREE (3) YEARS? YES: \_\_\_ NO: \_\_\_

IF YES, TYPE: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_ SALE AMOUNT: \_\_\_\_\_

INITIALS \_\_\_\_\_



LIST ANY OTHER ASSETS INCLUDING COINS, STAMPS, JEWELRY, GUNS OR OTHER ITEMS OF VALUE THAT MAY BE CONVERTED TO CASH. \_\_\_\_\_

DO YOU HAVE ANY CLAIMS OR LAWSUITS PENDING TO RECOVER COMPENSATION OR MONEY DAMAGES? YES: \_\_\_ NO: \_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU ABLE TO SECURE A LOAN? YES: \_\_\_ NO: \_\_\_

CREDIT CARDS: (LIST ALL CREDIT SOURCES YOU HAVE INCLUDING BALANCE AND AVAILABLE CREDIT; ATTACH ADDITIONAL SHEET IF NECESSARY):

CREDITOR NAME: \_\_\_\_\_ BALANCE: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

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CREDITOR NAME: \_\_\_\_\_ BALANCE: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

HAVE YOU FILED BANKRUPTCY IN THE LAST FIVE (5) YEARS? YES: \_\_\_ NO: \_\_\_

IF SO, WHAT CHAPTER? \_\_\_\_\_ AMOUNT OF REPAYMENT: \_\_\_\_\_

DO YOU HAVE ANY EXTRAORDINARY DEBT, NOT ASSOCIATED WITH THE COST OF LIVING? YES: \_\_\_ NO: \_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

**SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION, PLEASE READ CAREFULLY.**

- 1.) THE SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION SHALL CEASE UPON A FINAL DECISION, VERDICT, ACQUITTAL OR DISMISSAL IN THE APPLICANT'S CASE BY THE COURT OF COMMON PLEAS OF PIKE COUNTY OR LOWER MAGISTERIAL DISTRICT COURT OF PIKE COUNTY.
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- 4.) IF THE INFORMATION SUPPLIED IN THIS APPLICATION IS DETERMINED TO BE FALSE, SUCH DETERMINATION COULD HAVE SEVERE CRIMINAL AND/OR CIVIL FINANCIAL CONSEQUENCES. IF THE APPLICANT BECOMES INELIGIBLE FOR FREE LEGAL SERVICES BY OBTAINING EMPLOYMENT, INCOME FROM ANOTHER SOURCE OR ASSETS, WHILE THE CASE IS PENDING, THE APPLICANT MUST IMMEDIATELY NOTIFY THE PUBLIC DEFENDER'S OFFICE OF THE CHANGE IN STATUS OR CIRCUMSTANCES.
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The undersigned, being duly sworn according to law, upon (his/her) oath deposes and says:

- 1.) I am the Applicant seeking service of the Public Defender's Office of Pike County.
- 2.) I have read the foregoing application, know the contents thereof and the same are true to my knowledge, except as to matters therein stated to be alleged as to persons other than myself, and as to those matters I believe it to be true.
- 3.) The affidavit is made to inform the Public Defender as to my financial status and to induce the Public Defender to represent me as an indigent defendant.
- 4.) I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, that I may be charged for the time spent by the attorney(s) handling my case on and hourly basis, but in any case not less than \$750.00.
- 5.) In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine not more than \$15,000.00 or imprisonment for not more than seven (7) years or both.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

INITIALS \_\_\_\_\_

**VERIFICATION**

I verify that the statements made in the Application for Public Defender representation are true and correct. I understand that false statements herein are made subject to the penalties of 18 ps. C.S.A. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

INITIALS \_\_\_\_\_