



CHIEF PUBLIC DEFENDER
ROBERT F. BERNATHY

FIRST ASSISTANT PUBLIC
DEFENDER
AMANDA L. GUMBLE

SENIOR ASSISTANT PUBLIC
DEFENDER
CHRISTIAN E. WEED

ASSISTANT PUBLIC DEFENDER
NICHOLAS J. MCINTYRE

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

**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**
 - **Your three (3) most recent pay stubs showing year to date earnings**

INITIALS _____

- **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 _____



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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: _____

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:

HOW FAR DID YOU GO IN SCHOOL? _____

INITIALS _____

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: _____

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: _____

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): _____

INITIALS _____

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:

HOW ARE YOU SUPPORTING YOURSELF? _____

IF YOU HAVE NO INCOME, WHO IS SUPPORTING YOU?

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

INITIALS _____

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:

NAME	MONTHLY INCOME	RELATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INITIALS _____

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: _____

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: _____

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: _____

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: ___

INITIALS _____

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

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.
- 2.) THE SCOPE OF PUBLIC DEFENDER'S REPRESENTATION SHALL NOT OBLIGATE HIM OR HER TO REPRESENT THE APPLICANT IN ANY MATTER, PROCEEDING OR APPEAL TO A HIGHER COURT.
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NOTIFY THE PUBLIC DEFENDER'S OFFICE OF THE CHANGE IN STATUS OR CIRCUMSTANCES.

- 5.) 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.

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 an 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 _____