

INSTRUCTIONS FOR PUBLIC DEFENDER APPLICATION

It is the responsibility of the Office of Public Defender to provide free legal representation for any indigent person charged with a criminal matter in Juniata County. To determine if you are eligible for services, please complete the attached application. Completed applications may be submitted to the Public Defender's Office, the Office of the Prothonotary or the appropriate Magisterial District Judge Office. Once your application has been processed, you will be notified as promptly as possible as to whether your application is approved or denied.

You have an ongoing duty to advise the Public Defender's Office of any improvement in your financial situation throughout the course of your case. The Public Defender's Office has the right to request financial information including paystubs, W2's, tax returns, unemployment benefits, etc. to verify your income to determine your continued eligibility at any time.

YOUR APPLICATION MUST BE RECEIVED AT LEAST TEN (10) DAYS BEFORE YOUR SCHEDULED HEARING. FAILURE TO DO SO MAY CAUSE A DELAY IN PROCESSING YOUR APPLICATION OR A DENIAL OF YOUR APPLICATION.

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MAGISTERIAL DISTRICT JUDGE: Jackie Leister/Tracy Powell (circle one)
MAGISTERIAL DOCKET NO. _____

____ APPROVED
____ DENIED
By: _____
Date: _____

APPLICATION FOR THE ASSIGNMENT OF A PUBLIC DEFENDER

1. **Name:** _____ **Date of Birth:** ___/___/___
2. **Address:** _____
street city/town state zip code
3. **Phone Number:** () _____ **Email:** _____
4. **Marital Status:** ___ Single; ___ Married; ___ Divorced; ___ Separated
5. **Charges:** _____
Other participants charged or involved: _____
Hearing Date: _____ **Time:** _____
Are you presently in jail? ___ Yes ___ No **If so, where:** _____
Bail: \$ _____
Previous Charges: _____
Attorney: _____
6. **Name and Address of Employer:** _____

Employer's phone no.: () _____ **Length of time employed:** _____
Gross Monthly Income: \$ _____
Total amount of income during the last 12 months: \$ _____
Does your spouse work? ___ Yes ___ No **If so, where:** _____
Spouse's Gross Monthly Income: \$ _____
7. **Do you have any money in a bank, savings & loan or credit union?**
___ Yes ___ No **If yes, list the type of account, location and balance:** _____

8. **Do you have any money on your person or elsewhere?** ___ Yes ___ No
Amount: \$ _____
9. **Do you collect any of the following:** ___ Public Assistance; ___ Disability;

___ Unemployment Compensation; ___ Social Security; ___ Other. If other, please explain: _____
Amount per month: \$ _____

10. Do you own your own home or any other real estate? ___ Yes ___ No
If yes, Original Cost: \$ _____ Current Mortgage Balance: \$ _____
11. Do you own any other assets including but not limited to: retirement/pension accounts, 401k, investment accounts, CD's, IRA's, vehicles, etc.? If so, please list the value of each asset: _____
_____.
12. How many people, including yourself, do you support? _____
Names and ages: _____

13. If you can be claimed as a dependent by another person for Federal Income Tax purposes, you must complete the following information about that person:
Name and address: _____
Employer name: _____ Length of time employed: _____
Gross monthly income: \$ _____ Number of people supported: _____

AFFIDAVIT

I, the undersigned, verify that I have completed the foregoing application for appointment of Public Defender and that:

1. I have read the foregoing application and understand its contents. The facts therein contained are true and correct to the best of my knowledge, information and belief, except as to matters therein stated to be alleged as to persons other than myself;
2. I authorize any person or agencies named in the foregoing application having information about my financial condition to release such information to any duly authorized official of the Court. In particular, I authorize and empower the IRS, my employer(s), any banks, the Department of Public Welfare and the Social Security Administration to release any information pertaining to my financial situation.
3. The foregoing application is made to inform the Court as to my financial status which could lead to the Court appointing free counsel to defend me against the criminal charges which have been brought against me. I agree to notify the Office of the Public Defender within **48 hours** of any improvement in my financial situation from the date of this application until the final disposition of the charges.
4. I understand that false statements made in the foregoing application are made subject to the penalties of 18 Pa.C.S.A. Sect. 4904 relating to unsworn falsification to authorities, a conviction of which is made punishable by not more than two years imprisonment or a fine of up to \$5,000.00, or both.

Date

Signature of Applicant