

## TO ALL POTENTIAL CLIENTS

IN ORDER TO HAVE YOUR APPLICATION REVIEWED FOR ELIGIBILITY, IT IS YOUR RESPONSIBILITY TO DO THE FOLLOWING:

1. **The application must be completed in full.** The application will be returned if any line is left blank.
2. Total household income is considered, due to the Federal Poverty Guidelines that this office follows. Therefore, you must provide proof of income for each member at the time we receive your application.
3. Any paperwork you received concerning the charges filed against you **must** also accompany the completed application.
4. Application must be received by this office at least **5 days prior** to representation at hearing.

WHEN YOU ARE A CLIENT OF ONE OF THE PUBLIC DEFENDERS, IT IS YOUR RESPONSIBILITY TO DO THE FOLLOWING:

1. Keep us informed at all times of your current address. If you move, notify us immediately by calling (814) 728-3435.
2. Keep us informed at all times of your telephone number or a telephone number of a person who will take messages and promptly relay them to you.
3. Keep your appointments as scheduled on the Case-Tracking sheet you receive the day of Central Court, unless told otherwise by your attorney. If you look at your tracking sheet and are not sure if you are to come or not, call (814) 728-3435 and our administrative assistant will check your file and confirm the date(s) you are to be here.

Sincerely,

John R. Parroccini, Esquire  
Chief Public Defender

### APPLICATION FOR A PUBLIC DEFENDER

**WARNING:** The making of any false statements or the inclusion of any false information herein will subject you to an arrest and prosecution for the crime of perjury, a felony offense, which is punishable by fine not to exceed \$15,000 or undergo an imprisonment not exceeding seven (7) years or both, and you shall, except as otherwise

provided by law, be forever disqualified from being a witness in any matter in controversy.

WHEN COMPLETED, return to the Public Defender's Office, 204 Fourth Avenue, Warren, PA 16365.

**Name:** \_\_\_\_\_ **Alias:**

\_\_\_\_\_

Home address:

\_\_\_\_\_

Home phone/Message number: \_\_\_\_\_ Sex:

Male/Female

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth:

\_\_\_\_\_

**Charges:**

\_\_\_\_\_

Date and place alleged crime took place: \_\_\_\_\_

\_\_\_\_\_

**List any co-defendants:**

\_\_\_\_\_

District Justice (Magistrate):

\_\_\_\_\_

Next hearing date: \_\_\_\_\_ Time:

\_\_\_\_\_

Bail Amount: \_\_\_\_\_ Paid by:

\_\_\_\_\_

Police Agency: \_\_\_\_\_ Arresting officer: \_\_\_\_\_

Are you able to hire counsel to defend yourself in this matter?

\_\_\_\_\_

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you currently working now?

\_\_\_\_\_  
If yes, list the name, address and phone number of employer along with the **GROSS** earnings per month.

\_\_\_\_\_  
Amount of your **GROSS** income in the past 12 months:

\_\_\_\_\_  
Do you have any money in the following locations? If yes, list the amounts.  
On your person? \_\_\_\_\_ At home? \_\_\_\_\_ In savings?

\_\_\_\_\_  
In checking? \_\_\_\_\_ In stocks/bonds? \_\_\_\_\_ Elsewhere? \_\_\_\_\_  
Year/make of automobile (s)? \_\_\_\_\_  
Purchase price (s)? \_\_\_\_\_

\_\_\_\_\_  
Balance (s) owed? \_\_\_\_\_ Owed to? \_\_\_\_\_

\_\_\_\_\_  
Do you own real estate: \_\_\_\_ If so, list location and value? \_\_\_\_\_  
If you own other property, list location and value.

\_\_\_\_\_  
Do you have other assets? \_\_\_\_ If yes, list description and value of asset (s).

\_\_\_\_\_  
Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_  
If separated/divorced, when did you last live with your spouse?

\_\_\_\_\_  
If married, does your spouse work? \_\_\_\_\_ If yes, list name, address and phone number of employer:

\_\_\_\_\_  
Specify amount of spouse's **GROSS** earnings per month: \_\_\_\_\_  
List name (s) of anyone else employed in the household and their **GROSS** income per month: \_\_\_\_\_

\_\_\_\_\_  
Name (s) and age (s) of child/children residing with you:

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

If child/children are not residing with you and you are paying child support, list name (s), age (s) and amount of support paid: \_\_\_\_\_

Do you receive income from any of the following sources? If so, list amount

Social Security? \_\_\_\_\_ Pension? \_\_\_\_\_ Child support? \_\_\_\_\_  
Unemployment? \_\_\_\_\_ Welfare? \_\_\_\_\_ Food stamps? \_\_\_\_\_  
Alimony? \_\_\_\_\_ Other? \_\_\_\_\_

Have you ever been convicted of a crime in the past? \_\_\_\_\_ If yes, please list charges, date of offense (S) and attorney (s) who represented you: \_\_\_\_\_

Please list any medical conditions or medications that may impair your ability to prepare and assist in your defense. \_\_\_\_\_

Can you read and write the English language? \_\_\_\_\_ yes \_\_\_\_\_ no

Were Miranda Rights given by arresting officer? \_\_\_\_\_ yes \_\_\_\_\_ no

Statement (s) made: oral \_\_\_\_\_ written \_\_\_\_\_ When, where and to whom?

Contents of Statement:

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Short statement: \_\_\_\_\_

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Your witnesses:

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All above is true and correct: \_\_\_\_\_

(Signature of Applicant)

