



# CLARION COUNTY OFFICE OF THE PUBLIC DEFENDER

## APPLICATION FOR LEGAL REPRESENTATION

This office is funded by the taxpayers of Clarion County—**not** the state of Pennsylvania. Therefore, this office has a responsibility to ensure only indigent applicants are accepted. Determining eligibility is based on income and assets. In order to accurately review your application, *all of your financial information needs to be submitted to this office with documentation.*

1. Applications must be submitted at least 5 days prior to a scheduled court appearance. If you are scheduled for a preliminary hearing and turn in a late application, you must call Central Court (814-226-5170) before your hearing and ask for a continuance and inform them you are in the process of acquiring legal counsel. The Court will usually allow this continuance.
2. This office will make all efforts to ensure that our client's speedy trial rights are preserved. There will be times, however, where a continuance is in the best interest of your representation. By submitting this application, you agree to allow this office to ask for reasonable continuances on your case.
3. *The application must be completed entirely. Period. If the application is in any way incomplete, it will be rejected.* Answer "none" or N/A if something does not apply.
4. All financial information **MUST** have corresponding documentation wherever possible.
5. You **must** provide a copy of your **driver's license** and criminal complaint when submitting your application.
6. *If you are a COLLEGE STUDENT OR 26 or under:*
  - o You **MUST EITHER:**
    - Provide documents that you are not being claimed as a dependent. A copy of their or your most recent tax filing).
    - If you are a dependent, you **MUST** provide documentation relating to your parents income, but you do **not** have to provide yours.
7. You **MUST** keep this Office updated on ANY change in Phone Number or Mailing Address
8. *Failure to be honest or report changes of your contact information may result in termination of your legal representation and/or civil or criminal actions against you to recover attorney fees used fraudulently.*

Name (Printed): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Received (Office Only): \_\_\_\_\_

# PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell number: \_\_\_\_\_

City \_\_\_\_\_, ST \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail: \_\_\_\_\_

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

\*\*Provide name and phone number of person that knows how to contact you and we may speak about your case:

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

Are you incarcerated? \_\_\_\_\_ Where: \_\_\_\_\_ Date of Incarceration: \_\_\_\_\_

Bail amount set: \$ \_\_\_\_\_ Was bail posted? (circle one): CASH BAILBOND REAL ESTATE

**I require legal representation for the following (check all that apply):**

New Criminal Charge \_\_\_\_\_ Parole/Probation Violation \_\_\_\_\_ Bench Warrant \_\_\_\_\_

Contempt/PFA Violation \_\_\_\_\_ Extradition \_\_\_\_\_ Other (explain) \_\_\_\_\_

What crime(s) are you charged with? \_\_\_\_\_

Date of your next scheduled hearing: \_\_\_\_\_

What Magistrate arraigned you? MDJ Quinn MDJ Schill MDJ Heeter MDJ Miller

Name(s) of any alleged codefendant(s): \_\_\_\_\_

Name of the alleged victim(s) if any: \_\_\_\_\_

Name of the confidential informant if known: \_\_\_\_\_

Have you ever received ARD? \_\_\_\_\_ If yes, when and for what charge? \_\_\_\_\_

Do you have any prior convictions or guilty pleas (**juvenile or adult**) in this or any other state? \_\_\_\_\_

If yes, please list all that you can recall and mark juvenile convictions with a "J-".

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

Is there anything we should know about these allegations or witnesses we should contact (details are important—for witnesses, please include phone numbers and what they know or saw):

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

# FINANCIAL INFORMATION

## COMPLETE THIS SECTION ENTIRELY AND PROVIDE DOCUMENTATION

<b>MONTHLY <u>HOUSEHOLD</u> INCOME:</b>	<b>Docs?</b>	<b>DOCUMENTATION/s <u>NEEDED</u>:</b>
Social Security \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Unemployment \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Child Support \$ _____	<input type="checkbox"/>	Court Order Showing Amount
Alimony \$ _____	<input type="checkbox"/>	Court Order Showing Amount
Cash Assistance \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Food Stamps \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Pension \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs
Property/Dividends \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs, Lease
US Military Stipend \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs
<b>TOTAL:</b> \$ _____ *	<b>***<u>If you work, you must provide at least 3 most recent Paystubs, W2's, or most recent tax filings</u></b>	

**Marital Status** (circle one):    Single    Separated    Divorced    Widow(er)    Living w/Partner

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**Current Employer:** \_\_\_\_\_ Still working: YES    NO-(Why)

Hourly rate or Salary: \$ \_\_\_\_\_ **Past 12 months of income** \$ \_\_\_\_\_

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**Spouse/Other (that lives with you) Name:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ Still working YES    NO

Hourly rate or Salary: \$ \_\_\_\_\_ Past 12 months of income \$ \_\_\_\_\_

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**If you are 26 or under did you provide your parents 1040 tax return with application? (this is a must)**

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**How many people live in your household:** \_\_\_\_\_ **Name/s, Age/s and Relationship to you:**

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**Do you pay Child Support?** \_\_\_\_\_ **If yes, how many children?** \_\_\_\_\_ **Names and Ages:**

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**Do you:**    Rent \$ \_\_\_\_\_    Own \$ \_\_\_\_\_    Other (explain) \_\_\_\_\_

**\*\*\*\* If you claim your income as ZERO, you MUST list how you are able to provide yourself with food, clothing, shelter, and basic needs or the application will be REJECTED. If someone else provides for you, please state their relationship to you and provide contact info for him or her. \*\*\*\***

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**ASSETS:**

List the total amount of money you have in checking, savings, and investments:

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List all vehicles (cars, motorcycles, ATV, Golf Cart, Boat, etc.) you own:

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List all real estate and property you own that has a value of at least \$500:

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**QUICK CHECKLIST:**

**Did you completely fill out the application?**

**Did you provide a copy of your ID and Criminal Complaint?**

**For all income and expenses that you reported, did you provide adequate documentation?**

**Did you sign and date the application?**

**Under age 26—did you attach documentation regarding your dependent status?**

**TO INCARCERATED APPLICANTS:**

Being incarcerated, by itself, is not an acceptable reason for failure to entirely complete the application in full. We are mindful that you do not have immediate access to your documents. If your application is complete and it appears that you meet our income/asset guidelines, we will represent you at your preliminary hearing. Our continued representation, however, will **require** submission of the appropriate documentation. During this time, do not talk on the phones regarding the details of your case. Those calls are recorded and they can **AND WILL** be used against you.

**TO ALL APPLICANTS:**

Following submission of your application, it is **your** responsibility to confirm that you have been accepted for representation, by contacting the office. Once accepted, do not speak with the police or anyone regarding details of your case—instead direct that any questions must be done in the presence of an attorney.

By signing below, you are verifying that the statements made herein are true and correct to the best of your knowledge, information, and belief. You are also verifying that you cannot afford the costs to secure private counsel. You further understand that the statements and answers made above are subject to the penalties provided at 18 PA.C.S.A. §4904 relating to Unsworn Falsification to Authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# IMPORTANT:

IF YOU ARE SUBMITTING THIS APPLICATION VIA INTERNET OR FAX, YOU MUST MAKE SURE THAT THE OFFICE RECEIVES ALL DOCUMENTATION TO PROVE YOU ARE INDIGENT.

IF YOU ARE USING THE INTERNET SITE TO COMPLETE AN APPLICATION, **THIS IS A\*\*\*WARNING\*\*\* GOOGLE CHROME WILL NOT WORK.** PLEASE USE A DIFFERENT BROWSER PRIOR TO FILLING OUT

YOU MAY EMAIL YOUR DOCUMENTS TO [CCPD@CO.CLARION.PA.US](mailto:CCPD@CO.CLARION.PA.US)

YOU MAY FAX YOUR DOCUMENTS TO: 814-226-7698

ALL RECORDS SENT WILL REMAIN CONFIDENTIAL.

***FAILURE TO PROVIDE ALL DOCUMENTATION WILL CAUSE YOUR APPLICATION TO BE AUTOMATICALLY REJECTED.***