

Assigned to: _____, Esquire

P.D. No. _____

L.E. No. _____

Date: _____

C.D. No. _____, 20 _____ OTN: _____

APPLICATION FOR ASSIGNMENT OF COUNSEL
IN FORMA PAUPERIS STATUS
(Complete All Questions)

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone Number: _____ Social Security No: _____

Name of Husband/Wife-Boyfriend/Girlfriend: _____

Does spouse/friend live with you? No Yes When did you last live together? _____

List names, ages, and relationship of **ALL** household members: _____

Present Charge: _____

Incident Date: _____ Arrest Date: _____ Place: _____

Township/Borough: _____ City: _____

Name of District Justice: _____

Hearing Date: _____ Where: _____ Time: _____ am / pm

I am presently in jail: No Yes , if yes, date incarcerated: _____

If released on bail, state amount paid: \$ _____ , If cost of the bail was paid by another,

Who paid the bail? _____ and amount paid: \$ _____

Are you employed? No Yes Where? _____ How Long? _____

Employer Name, Address, and Phone Number: _____

If you are unemployed, **WHERE** did you last work? _____

When did you last work? _____ What was your salary or wage when you last worked? \$ _____

How long did you work there? _____ . Did you apply for unemployment compensation if your

Employment terminated? No Yes Is there a job waiting for you? No Yes If yes Specify: _____

Does your Husband/Wife Girlfriend/Boyfriend work? No Yes If yes where? _____

Have you made an attempt to seek private counsel? Explain: _____

FINANCIAL INFORMATION- If YOU **FAIL TO COMPLETE and PROVIDE VERIFICATION** of the current financial information, you application **WILL BE DENIED.**

INCOME: (If your parents claim you as a dependent, your PARENTS must provide their income.)

What is the total amount of your income during the past 12 months? \$ _____

Income for all members of your household during the past 12 months? \$ _____

Wages per month \$ _____ Spouse/Friend's wages per month \$ _____

Self-employment inmate \$ _____ Social Security Benefits \$ _____ Disability \$ _____

Support Payments \$ _____ Is there an arrearage owed? No Yes If yes how much \$ _____

Unemployment Compensation \$ _____ Worker's Compensation \$ _____

Public Assistance (cash) \$ _____ Medical _____ Food Stamps \$ _____

Does anyone owe you money? No Yes If yes, give the person's name and address and the amount owed:

Does anyone else pay any of your bills and expenses? No Yes Amount \$ _____ Who? _____

Do you have any money on you? No Yes Amount \$ _____

In the bank? No Yes Amount \$ _____ At Home? No Yes Amount \$ _____

In the custody of the Warden? No Yes Amount \$ _____ Elsewhere? No Yes Amount \$ _____

Do you own a motor vehicle? No Yes If yes, Year and Make: _____

Cost \$ _____ I owe \$ _____ To: _____

Vehicle is now at? _____

Do you own stocks? No Yes Bonds? No Yes If yes, Value \$ _____

Do you own real estate? No Yes If yes, Description and Value: _____

Do you have any assets? No Yes If yes, description, location, and value: _____

Debts and Obligations:
(dollar amount per month) Mortgage \$ _____ Rent \$ _____ Loans \$ _____ Utilities(Combine) \$ _____

Child Support No Yes If yes, is it current? No Yes Monthly payment \$ _____

Please provide year to date paystubs for current year, last tax return, DPW cards, unemployment benefits, etc. and any complaint, summons and all paperwork received in this matter.

VERIFICATION

1. I am the petitioner in the above-entitled action and I request that counsel be assigned to me, and I am willing to accept the services of any lawyer assigned by the Office of Public Defender or appointed by the court.
2. I have read the foregoing petition and know the contents thereof and that the facts and allegations presented therein are true and correct of the best of my knowledge, information, and belief.
3. This statement is made to inform the Court as to my status of indigency and to induce the Court to assign the counsel to me as an indigent Defendant for my defense against the criminal charges that have been made against me.
4. I understand that I have the continuing obligation to inform the court of improvement in my financial circumstance, which would permit me to pay the costs incurred herein.
5. I verify that the statements made in this affidavit are true and correct.
6. I understand that a false statement or answer to any question in this verified statement will subject me to penalties provided by law.

Sign Here> _____
Defendant or Parent of Respondent (Juvenile)

RECOMMENDATION OF PUBLIC DEFENDER

AND NOW, _____, 20____, after investigation, we are of the opinion that the applicant _____ (is) (is not) financially able to provide funds for his/her own defense, and that counsel (should) (should not) be (provided by the Office of the Public Defender) or be (appointed by the Court of Common Pleas of Greene County) to represent (him) (her) in the above matter.

Public Defender