Mail completed form to:

Juvenile Probation Office
2771 South Grande Blvd
Greensburg, PA 15601

Public Defender's Office
Westmoreland County, Pennsylvania
Application for the Assignment of Counsel by a Juvenile

Please fill in each blank completely or application will not be valid.

Name _____ **Date of Birth** _____

Street Address _____

City _____ **State** ____ **ZIP** _____

Phone _____

School you attend and the grade you are in _____

Mother's Name _____ **Father's Name** _____
Street Address _____ **Street Address** _____

City _____ **State** ____ **ZIP** _____ **City** _____ **{tate** ____ **ZIP** _____

Have you been arrested before? ☐ ¸Šă ☐ b2

If yes, what was the charge?

_____

Was your case heard in Westmoreland County? ☐ ¸Šă ☐ b2

If your case was not held in Westmoreland County, where was it heard? _____

Are you on probation? ☐ ¸Šă ☐ b2

Tell everything you know about the charge against you:

Give the names, addresses and telephone numbers of witnesses you think we should talk to about your case and what you think they will say:

Have you talked to the police or anyone else about what happened? ☐ ¸Ŝă ☐ **b2**

If so, who did you tell?

Did you sign a written statement? ☐ ¸Ŝă ☐ **b2**

Do the police have any evidence in your case? ☐ ¸Ŝă ☐ **b2**

If so, what is the evidence and how did they get it?

What else can you tell us about your case?

The above statements are true and correct to the best of my knowledge, information and belief. I cannot afford to hire a lawyer and hereby request the services of the Public Defender's Office. I am willing to accept the services of the lawyer in the Public Defender's Office who is assigned to handle my case. PLEASE SIGN BELOW.

Juvenile

VERIFICATION

I hereby verify that the facts set forth in the foregoing application are true and correct to the best of my knowledge, information and belief.

This statement is made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

_____ _____

Date Juvenile