

**WESTMORELAND COUNTY PUBLIC DEFENDER'S OFFICE
ROOM 404, FOURTH FLOOR
WESTMORELAND COUNTY COURTHOUSE
GREENSBURG, PA 15601
(724) 830-3535 OR (724) 830-3534**

**APPLICATION FOR LEGAL REPRESENTATION BY
THE PUBLIC DEFENDER'S OFFICE OF
WESTMORELAND COUNTY, PA**

NAME:

MAGISTRATE:

CHARGES:

CO-DEFENDANTS:

HEARING DATE:

BAIL/BOND:

CASH/PROPERTY:

CAUTION: READ CAREFULLY BEFORE SIGNING

**THIS APPLICATION MUST BE COMPLETED AT LEAST 7 BUSINESS
DAYS PRIOR TO YOUR PRELIMINARY HEARING. IF YOU ARE NOT
INCARCERATED YOU MUST PROVIDE INCOME VERIFICATION.**

ALL INFORMATION PROVIDED IN THIS APPLICATION MUST BE ACCURATE. IT WILL BE RELIED UPON BY THIS OFFICE IN DETERMINING YOUR ELIGIBILITY FOR SERVICES AND ALSO BY YOUR ATTORNEY IN ORDER TO REPRESENT YOU IN THIS MATTER. FAILURE TO ACCURATELY PRESENT YOUR FINANCIAL CIRCUMSTANCES MAY RESULT IN FINANCIAL LIABILITY ON YOUR PART FOR SERVICES PERFORMED BY YOUR ATTORNEY.

For Official Use Only

Date Received _____

Accepted / Denied

Reason for Rejection _____

Applicant's signature

PERSONAL DATA:

CAN YOU READ, WRITE UNDERSTAND THE ENGLISH LANGUAGE? YES NO

FULL NAME:

LIST ANY OTHER NAMES YOU MAY BE KNOWN AS: (MAIDEN NAME)

YOUR ADDRESS:

CITY:

STATE:

ZIP:

PHONE#

CELL PHONE#

WORK/OTHER PHONE#

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?

WHO LIVES WITH YOU?

YOUR AGE:

ARE YOU A VETERAN?

YES

NO

MARITAL STATUS:

SINGLE

MARRIED

DIVORCED

SEPARATED

WIDOWED

IF MARRIED, SPOUSE'S NAME:

NUMBER OF CHILDREN

DO YOU SUPPORT THEM FINANCIALLY?

YES

NO

DO CHILDREN LIVE WITH YOU?

YES

NO

HOW MANY LIVE WITH YOU?

NAME OF PERSON AWARE OF YOUR WHEREABOUTS MOST OF THE TIME:

THEIR ADDRESS:

PHONE#

RELATIONSHIP TO YOU:

PHYSICAL MENTAL ISSUES:

DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH PROBLEMS?

YES

NO

IF YES, EXPLAIN:

ARE YOU PRESENTLY UNDER THE CARE OF A DOCTOR?

YES

NO

IF SO, STATE HIS NAME, ADDRESS AND PHONE#

DO YOU TAKE ANY MEDICATIONS?

YES

NO

IF SO, LIST ALL:

EDUCATION:

HIGH SCHOOLS/COLLEGES YOU HAVE ATTENDED

YEARS/GRADES COMPLETED

PRESENT OFFENSE INFORMATION:

CHARGES:

DATE OF OFFENSE:

PLACE OF OFFENSE:

PROSECUTING OFFICER:

ARE YOU PRESENTLY IN JAIL? YES NO

IF SO, WHY?

WHAT IS THE AMOUNT OF BOND?

WHO SET THE BOND?

WILL YOU OR SOMEONE ELSE BE ABLE TO POST YOUR BOND? YES NO

IF SOMEONE ELSE, WHO?

RELATIONSHIP?

WAS BAIL/BOND POSTED? YES NO

IF YES, ANSWER THE FOLLOWING

BAIL WAS PAID BY

RELATIONSHIP TO YOU?

IN THE AMOUNT OF

CASH

PROPERTY

HAVE YOU HAD AN ATTORNEY AT ALL DURING THIS CASE? YES NO

IF SO, ATTORNEY'S NAME:

LIST ALL POTENTIAL WITNESSES: (NAME, ADDRESS, PHONE# OF ANY PERSON HAVING KNOWLEDGE OF YOUR ACTIONS AND/OR WHEREABOUTS DURING THE PERIOD)

TELL US YOUR SIDE OF THE STORY, WHAT YOU KNOW ABOUT THE CHARGE AGAINST YOU.

***IF ADDITIONAL SPACE IS NEEDED, USE BACK OF THIS PAGE.**

DID YOU GIVE AN ORAL OR WRITTEN CONFESSION TO ANYONE? YES NO

IF YES, TO WHO?

YOU WERE IDENTIFIED, THAT'S WHY YOU ARE BEING CHARGED. HOW AND BY WHOM IDENTIFIED YOU IDENTIFIED?

DID YOU SIGN ANY STATEMENTS? YES NO

DID YOU HAVE A PRELIMINARY HEARING? YES NO IF SO, WHEN?

CRIMINAL HISTORY:

JUVENILE RECORD:

DATE	COUNTY	OFFENSE	SENTENCE

ADULT RECORD:

DATE	COUNTY	OFFENSE	SENTENCE

ARE THERE ANY OTHER CASES IN COURT RIGHT NOW? YES NO
IF SO, WHAT AND WHERE?

ARE YOU PRESENTLY ON PROBATION/PAROLE? YES NO
IF YES, WHAT COUNTY?

YOUR PROBATION/PAROLE OFFICER'S NAME:

BY WHOM AND WHEN WERE YOU SENTENCED:

HAS THIS OFFICE REPRESENTED YOU IN THE PAST? YES NO
IF YES, WHEN?

WHAT WERE THE CHARGES?

DOMESTIC CONTEMPT CHARGE:

IF YOU ARE SEEKING COUNSEL FOR A DOMESTIC CONTEMPT CHARGE, COMPLETE THE FOLLOWING:

HAVE YOU HAD A CONTEMPT HEARING BEFORE THE DOMESTIC RELATIONS HEARING OFFICER?
YES NO IF YES, WHEN WAS THE HEARING?

IS A COMPLIANCE HEARING SCHEDULED BEFORE A JUDGE? YES NO
IF YES, WHEN IS THE HEARING SCHEDULED?

IF YOU HAVE TITLE IV-D/SUPPORT COUNSEL, WHO IS YOUR ATTORNEY?

FINANCIAL INFORMATION

(All information given will be treated as confidential)

NAME: _____

NOTE: Please fill out as completely as possible.

Social Security Number: **(REQUIRED)** _____ - _____ - _____

Date Of Birth: _____ Age: _____

Are You Employed? Y____, N____; If Yes, Employer's Name and Address _____

How Long Have You Been Employed? _____ (years/Months): Hours worked Per Week _____
Amount Per Hour: \$ _____

If Not Employed, Where and When Did You Last Work? _____

Hours worked Per Week; _____ : Amount Per Hour \$ _____ Date Employment
Ended? _____

Do You Receive SSI, SSDI, Unemployment Etc? (circle all that apply) Y____, N____ :

How Much do you receive per Month \$ _____

Are you married? Y____, N____ If Yes, is your spouse employed? Y____, N____

If Yes, Name and address of spouse's employer _____

Spouse's Hours Per Week _____ Amount Per Hour \$ _____

Do You Receive Public Assistance? YES/NO

If Yes:

Food Stamps: How Much Per Month? _____

Cash Assistance: How Much Per Month? _____

What Was Your Income For The Past 12 Months? (Total household if married)

*(Include All Cash Assistance, SSI, SSDI, Child Support, Unemployment, Etc)

Financial Status

Value

Do you have:

Cash, Checking, And/Or Savings Account (Y or N) \$ _____

Real Estate (Do You Own Home/Property) (Y or N) \$ _____

Car(s) (Y or N)
If yes: Year _____ Make _____ \$ _____

Money On The Person Or At Home \$ _____

Money Owed To You \$ _____

Mortgage (Y or N)
If Yes: Total Owed on Mortgage \$ _____

List All Monthly Bills And Debts You Pay:

Phone Bill (Y or N) \$ _____

Rent/mortgage (Y or N) \$ _____

Utilities \$ _____

Child Support (Y or N) \$ _____

Cable/Internet (Y or N) \$ _____

List All other monthly expenses:

If you are not working, how are you paying for your necessities and paying monthly bills?

If you are not the one paying your monthly bills, who is? (Give name, relationship and phone number)
