

INSTRUCTIONS FOR PUBLIC DEFENDER APPLICANTS

1. The application **MUST** be completely filled out.
2. If you are incarcerated, you **MUST** provide your home address, not the prison.
3. The application **MUST** be signed where indicated. Your application will not be accepted unless it is completed and signed.
4. Read carefully Section Number 5 relating to the scope of the Public Defender's representation.
5. The following Lackawanna County Rules apply to the application process.
READ CAREFULLY!

Lackawanna County
Court of Common Pleas
Rules of Procedure

CHAPTER 1600 – DEFENSE OF CRIMINAL CASES

Rule 1600 Public Defender

(a) The Lackawanna County Public Defender's Office shall provide an attorney to represent any eligible adult charged with a crime who makes an application.

(b) An application for a public defender if and only if his or her family income is not in excess of poverty guidelines based on a family size as published by the United States Department of Health and Human Services at the time of applying. Income shall include all income considered by the United States Department of health and Human Services in establishing poverty guidelines. The office of the Public Defender will make available to the public the currently published "Poverty Guidelines" of the United States Department of Health and Human Services. The services of a public defender shall not be available to any applicant having family income in excess of the poverty guidelines applicable to his or her situation.

(c) -----

(d) Upon initial application which must be submitted **forty-eight (48) hours** prior to the defendant's hearing in Central Court, the Public Defender's Office shall investigate the applicant's income. In the event the applicant is accepted and proceeds to a jury or non-jury said office shall reexamine information immediately prior to trial to determine whether the applicant continues to meet the poverty guidelines.

Lackawanna County Courthouse, Scranton, PA

APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL

TODAY'S DATE: _____

NAME:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (H) _____ (W) _____ (CELL) _____

AGE: _____ DATE OF BIRTH: _____ SOC. SEC. NO. _____

LIST THE NAMES AND AGES OF THE PEOPLE YOU LIVE WITH:

PROVIDE A CONTACT PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS

NAME: _____ RELATION: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (CELL) _____

1. CHARGES

LIST ALL CRIMINAL CHARGES AGAINST YOU: _____

PRELIMINARY

HEARING

DATE:

BAIL (check one) ROR _____ AMOUNT _____ UNSECURED? yes or no

HAVE YOU CONSULTED A PRIVATE ATTORNEY FOR THIS MATTER? _____

IF YES, HAVE YOU PAID A RETAINER FEE? _____

2. **EMPLOYMENT**

ARE YOU PRESENTLY WORKING? YES____ NO____

IF YES: POSITION: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

HOURLY WAGE OR SALARY: _____

HOURS YOU WORK PER WEEK: _____

IF NO: LAST DAY YOU WORKED: _____

HOW ARE YOU SUPPORTING YOURSELF? _____

3. **FINANCIAL STATUS**

ARE YOU CURRENTLY RECEIVING PUBLIC ASSISTANCE? YES____ NO____

IF SO, WHAT ASSISTANCE AND HOW MUCH PER MONTH: _____

DO YOU HAVE ANY SOURCE OF INCOME SUCH AS ALIMONY, RENATAL INCOME, UNEMPLOYMENT COMP., WORKMAN'S COMP., DISABILITY, SSI, RETIREMENT BENEFITS? YES____ NO____

IF SO, HOW MUCH PER MONTH: _____

DO YOU HAVE ANY MONEY IN THE BANK? YES____ NO____

IF SO, HOW MUCH? _____

LIST ALL VEHICLES YOU OWN/REGISTERED TO YOU (YEAR, MAKE,MODEL): _____

LIST ANY REAL ESTATE IN YOUR NAME (House): _____

HOW MUCH IS YOUR MONTHLY RENT OR MORTGAGE? _____

GIVE AMOUNT OF CHILD SUPPORT YOU PAY OR RECEIVE: _____

LIST MONTHLY INCOME OF EVERY PERSON IN YOUR HOUSEHOLD:

NAME	MONTHLY INCOME	RELATION
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_____	_____	_____
-		

_____	_____	_____
-		

_____	_____	_____
-		

TOTAL HOUSEHOLD INCOME (INCLUDING YOUR OWN): \$ _____ PER MONTH

TOTAL HOUSEHOLD INCOME FROM PAST 12 MONTHS: \$ _____

MARITAL STATUS: _____

NAME/ADDRESS OF SPOUSE: _____

IS YOUR SPOUSE WORKING? YES ___ NO ___ MONTHLY
INCOME: _____

NAMES AND AGES OF YOUR CHILDREN: _____

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4. **PRIOR CONVICTIONS (if any):**

5. **SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION (READ CAREFULLY!!!)**

THE SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION SHALL CEASE UPON A FINAL DECISION, VERDICT, ACQUITTAL, OR DISMISSAL IN THE APPLICANT'S CASE BY THE COURT OF COMMON PLEAS OF LACKAWANNA COUNTY OR LOWER MAGISTERIAL DISTRICT COURT OF LACKAWANNA COUNTY.

THE SCOPE OF THE PUBLIC DEFENDER'S REPRESENTATION SHALL NOT OBLIGATE HIM OR HER TO REPRESENT THE APPLICANT IN ANY MATTER, PROCEEDING OR APPEAL TO A HIGHER COURT.

IF THE APPLICANT CHOOSES TO PROCEED TO APPEAL A FINDING BY THE COURT TO A HIGHER AUTHORITY, THEN THE PUBLIC DEFENDER SHALL PROVIDE THE APPLICANT WITH SAMPLE DOCUMENTATION TO REVIEW AND UTILIZE IN PERFECTING THE APPLICANT'S APPEAL. HOWEVER, THIS DOES NOT PRECLUDE THE PUBLIC DEFENDER, AFTER A REVIEW WITH THE CHIEF PUBLIC DEFENDER, TO PURSUE APPEALS WITH THE APPLICANT'S AGREEMENT.

APPLICANT'S SIGNATURE

I verify that the statements made in the Application for Assignment of Legal Counsel are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

APPLICANT'S SIGNATURE