

Public Defender's Office
Bradford County Courthouse
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Towanda, PA 18848
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Assistant Public Defender

INSTRUCTIONS FOR PUBLIC DEFENDER APPLICANTS:

I. UNLESS YOU ARE INCARCERATED, YOU MUST APPLY **IN PERSON** AT THE PUBLIC DEFENDER'S OFFICE IN THE BRADFORD COUNTY COURTHOUSE AT LEAST *ONE WEEK* PRIOR TO YOUR PRELIMINARY HEARING.

II. YOU MUST BRING IN YOUR **CRIMINAL COMPLAINT AND AFFIDAVIT OF PROBABLE CAUSE**. IF YOU DO NOT HAVE THESE DOCUMENTS, CONTACT THE MAGISTERIAL DISTRICT JUSTICE OFFICE FOR A COPY TO BRING IN TO OUR OFFICE.

III. BE PREPARED TO ANSWER QUESTIONS ABOUT YOUR FAMILY INCOME AND ASSETS. YOU MUST BRING WITH YOU:

A. YOUR MOST RECENT **TWO MONTHS OF PAY STUBS**, AND PROOF OF ANY OTHER HOUSEHOLD INCOME

B. YOUR MOST RECENT **FEDERAL TAX RETURN**

IV. ANSWER THE QUESTIONS *AS COMPLETELY AND ACCURATELY AS POSSIBLE*. THE INFORMATION REQUESTED IS NECESSARY FOR THE PUBLIC DEFENDER'S OFFICE TO DETERMINE YOUR ELIGIBILITY, AND TO REPRESENT YOU PROPERLY.

V. **CONTACT NUMBERS** ARE REQUESTED SO THAT WE CAN REACH YOU IN THE EVENT YOU MISS COURT OR WE NEED TO SPEAK TO YOU URGENTLY ABOUT YOUR CASE.

VI. IF YOU QUALIFY FOR A PUBLIC DEFENDER, YOU WILL RECEIVE REPRESENTATION IN YOUR CRIMINAL CASE FREE OF CHARGE. IF THE PUBLIC DEFENDER'S OFFICE HAS A CONFLICT OF INTEREST IN YOUR CASE, YOU WILL BE APPOINTED A PRIVATE ATTORNEY WHO WILL ALSO REPRESENT YOU FREE OF CHARGE. PLEASE NOTE, IF YOU ARE ARRESTED AND CHARGED AGAIN, EVEN WHILE YOUR CASE IS PENDING, YOU MUST RE-APPLY FOR PUBLIC DEFENDER REPRESENTATION ON THAT CASE. WE WILL NOT BE INFORMED THAT YOU HAVE NEW CHARGES UNLESS YOU LET US KNOW.

VII. REPRESENTATION BY THE PUBLIC DEFENDER'S OFFICE WILL CONTINUE THROUGH VERDICT OR PLEA, SENTENCING, POST SENTENCE MOTIONS, AND APPEAL. IF YOU ARE CHARGED WITH VIOLATING ARD, PROBATION, OR PAROLE, YOU MUST RE-APPLY FOR PUBLIC DEFENDER REPRESENTATION AT THAT TIME.

APPLICATION FOR PUBLIC DEFENDER REPRESENTATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NOTICE: The information you provide on the first two pages is **NOT CONFIDENTIAL**, and may be disclosed to third parties for verification of the information and determination of your eligibility for Public Defender Representation.

NAME: _____

ADDRESS: _____

Street

City, State

county

Zip Code

PREVIOUS ADDRESS _____

Street

City, State

Zip Code

SOCIAL SECURITY NO: _____ **BIRTH DATE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

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INCOME: _____ **(Self)** _____ **(Spouse)** _____

A. Employment Weekly take-home pay amount _____

Employer's Name _____

Employer's Address _____

Employer's Phone Number _____

Supervisor's Name _____

B. Public Assistance: Cash Assistance Amount _____

Food Stamp Amount _____

C. Other Income (SSI/SSD) Source _____

Amount _____

ASSETS:

A. Cash Amount _____

B. Checking Account Balance _____

C. Savings Account Balance _____

D. Real Estate (describe) _____ Value _____

E. Automobile (yr/make/model) _____ Value _____

F. Any other assets _____ Value _____

Verification (Official Use Only)

G. Have you sold or transferred any real estate, automobiles, or other assets within the past three years?

If so please explain or describe. _____

1. Do you or your family have funds available to hire private counsel? _____

2. Do you rent? _____ own? _____ live with parents/or friends? _____ (check one)

Amount of rent, mortgage payment or room/board: _____

3. Are you single? _____ married? _____ divorced? _____ widowed? _____

Name of spouse: _____ Age of Spouse: _____

4. List **names and ages** of your children: _____

Do they live with you? _____ Do you pay support? _____ Do you receive support? _____ Amount: _____

Who claims the child(ren) for income tax purposes? _____

5. List any additional **financial** circumstances that you wish this office to consider in determining indigency:

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize and request the disclosure to the Bradford County Public Defender's Office of any information that may be desired concerning my age, residence, citizenship, employment, applications for employment, income and resources. I do specifically authorize and request the Internal Revenue Service, my employers, banks, the Department of Public Welfare and Social Security Administration to release all information pertaining to my health and financial situation. I understand that the Public Defender's Office may utilize internet resources, including social media sites, to verify the information I have provided on this application.

Witness

Defendant

Date

APPLICANT INFORMATION

NOTICE: Information provided on this page is **CONFIDENTIAL**, and will not be disclosed to third parties by the Public Defender's Office without your permission, unless directed by the court.

1. List all criminal charges you are charged with: _____

2. List all co-defendants also charged: _____

3. **Inmate Information:** How much is your bail? _____ If paid, by whom? _____

4. Were you incarcerated in any other county or state on **these** charges? _____

If so, where? Dates? _____

5. Date of next hearing _____ Time of next hearing _____ Place of next hearing _____

6. List the highest grade you completed: _____

7. Are you a citizen of the United States? _____ Do you speak/read English? _____

If not, which language(s) do you speak? _____

8. List **ALL PRIOR CRIMINAL CHARGES INCLUDING DISMISSED CHARGES** (Please be as accurate as possible so your attorney is able to represent you properly)

9. List three names and telephone numbers of family members, neighbors or friends for emergency contact: (These numbers will be used if we cannot reach you at one of the numbers listed on page 1, in the event you miss court or we need to contact you urgently)

Name: _____ Relationship to you? _____ Telephone No. _____

Name: _____ Relationship to you? _____ Telephone No. _____

Name: _____ Relationship to you? _____ Telephone No. _____

YOU MUST ATTACH:

YOUR PAY STUBS (LAST 2 MONTHS—MOST RECENT)

MOST RECENT FEDERAL TAX RETURN

POLICE COMPLAINT AND AFFIDAVIT OF PROBABLE CAUSE

OR THE APPLICATION WILL BE DENIED. THE APPLICATION & REQUESTED DOCUMENTS MUST BE PRESENTED *IN PERSON* TO THE PUBLIC DEFENDER'S OFFICE.

