

**Public Defender's Office**  
**Bradford County Courthouse**  
**301 Main Street, Ste. 7**  
**Towanda, PA 18848**  
**Phone (570) 265-1713 Fax (570) 265-1754**  
**E-mail [bcpubdef@bradfordcountypa.gov](mailto:bcpubdef@bradfordcountypa.gov)**

Patrick Lee Beirne, Esq.  
Chief Public Defender

Victoria E. Martin, Esq.  
Assistant Public Defender

Linet McLinko  
Paralegal

Angela N. Northup  
Administrative Assistant

Jodi K. Brumwell  
Administrative Clerk

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 these 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:** \_\_\_\_\_

.....

**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 _____
	_____	Value _____

<b>Verification (Official Use Only)</b>

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.

\_\_\_\_\_  
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** (continue on reverse if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List three names and telephone numbers of family members, neighbors or friends for emergency contact:

Name: \_\_\_\_\_ Relationship to you? \_\_\_\_\_ Telephone No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you? \_\_\_\_\_ Telephone No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you? \_\_\_\_\_ Telephone No \_\_\_\_\_

**INCLUDE YOUR PAY STUBS (LAST 2 MONTHS—MOST RECENT) AS WELL AS THE PREVIOUS YEAR'S FEDERAL TAX RETURN ALONG WITH THE COMPLAINT AND AFFIDAVIT OF PROBABLE CAUSE OR THE APPLICATION WILL BE DENIED DUE TO LACK OF INFORMATION. THE APPLICATION & ABOVE MENTIONED PAPERWORK MUST BE PRESENTED IN PERSON TO THE PUBLIC DEFENDER'S OFFICE.**

COMMONWEALTH OF PENNSYLVANIA

VS.

**AFFIDAVIT**

I, \_\_\_\_\_, represent as follows:

1. I am the Defendant in criminal action for which I am applying for representation to the Bradford County Public Defender’s Office.

2. I have read the foregoing application and know the contents herein are true by my own knowledge, except as to matters therein stated to be alleged as to persons other than myself, and, as to those matters, I believe them to be true.

3. This affidavit is made to inform the Court and the Public Defender’s Office as to my status of indigence.

4. I understand that false statements here are made subject to the penalties of 18 Pa CS §4904, relating to unsworn falsification to authorities, a misdemeanor of the second degree.

5. I understand that **I AM UNDER A CONTINUING OBLIGATION TO INFORM THE PUBLIC DEFENDER’S OFFICE OF ANY IMPROVEMENT OF MY FINANCIAL CIRCUMSTANCES AS WELL AS INFORMING THE COURT OF ANY CHANGE OF MY ADDRESS OR TELEPHONE NUMBER WITHIN FORTY-EIGHT (48) HOURS OF SUCH IMPROVEMENT OR CHANGE.**

6. I understand that if **I FAIL TO COMPLY WITH THE TERMS AND CONDITIONS THE APPLICATION AND AFFIDAVIT, THAT THE PUBLIC DEFENDER’S OFFICE MAY WITHDRAW FROM MY CASE.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

TITLE 16§9960.8 -- Penalties; restitution

(a) False affidavits and false statements made by any person for the purpose of securing counsel or services under the provisions of this act shall subject the persons making such false affidavits or statements to the penalties proscribed by law for perjury.

(b) Any person who has been convicted of making a false affidavit or false statement for the purpose of securing counsel or services under this act shall make restitution as the Court shall determine to the County and the Commonwealth of Pennsylvania of all moneys paid on the basis of the false affidavit or false statement.

TITLE 16§9960.6

(b) THE PUBLIC DEFENDER, AFTER BEING **SATISFIED** OF THE PERSON’S INABILITY TO PROCURE SUFFICIENT FUNDS TO OBTAIN COUNSEL TO REPRESENT HIM, shall provide such counsel.

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## **NOTICE TO INCARCERATED DEFENDANTS**

If at any time during your case with the Public Defender's office you are released from incarceration you **WILL** need to re-apply at the Public Defender's office and supply the office with your most recent Federal and State Tax Return.

**Please Note: Failure to comply with this notice may result in the Public Defender filing a petition to withdraw from your criminal case.**