

**APPLICATION FOR DEFENSE LAWYER**  
**FROM MONROE COUNTY PUBLIC DEFENDER OFFICE** (rev.2/08wtn)  
MONROE COUNTY COURTHOUSE ,STROUDSBURG, PENNSYLVANIA 18360

Telephone (570) 517-3042    Fax (570) 517-3871    Office Hours 8:30 a.m. – 4:30 p.m.

**NOTICE.** Only indigent persons are eligible. The cost of these legal services is borne by the Taxpayers. If you are not indigent, you should immediately hire a lawyer of your choice to defend you. Indigence is determined by reference to the poverty guidelines issued by the United States Department of Health and Human Services.

**INSTRUCTIONS.** You must fill out both sides of this application completely and truthfully. **Attach a copy of the criminal complaint** against you, a copy of **your most recent tax return**, and copies of your **three most recent pay stubs**. Sign the application and give it to the Public Defender Office. It must be approved by the Public Defender in order for a Lawyer to be assigned for your defense. **There is no exception.**

**APPLICANT** Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Tel.#: \_\_\_\_\_ Work Tel.#: \_\_\_\_\_ Other Tel.# \_\_\_\_\_

**CITIZEN OF US?** (circle)    YES    NO    If not, what country: \_\_\_\_\_

Visa Status: \_\_\_\_\_ **Interpreter Needed:** \_\_\_\_\_

**PRELIMINARY HEARING** scheduled on (date/time) : \_\_\_\_\_

at Magisterial District Judge (place) : \_\_\_\_\_

**CRIMINAL CHARGES** are (list charges): \_\_\_\_\_

which police say happened in (where) : \_\_\_\_\_ ON (date/time) : \_\_\_\_\_

**CO-DEFENDANT(S)** is/are (list any other people also charged) : \_\_\_\_\_

**MY BAIL STATUS** Bail is \$ \_\_\_\_\_. I am \_\_\_\_\_ **In jail.** \_\_\_\_\_ **Out of jail.**

Bail was posted by (name and address): \_\_\_\_\_

**TOTAL INCOME FROM ALL SOURCES LAST 12 MONTHS:** \$ \_\_\_\_\_

(Include everything, ie.unemployment, worker's comp. or disability income

**EMPLOYER** (list name and address of current or last): \_\_\_\_\_

Gross Wages \$: \_\_\_\_\_ Date last worked: \_\_\_\_\_

**Attach 3 Most Recent Pay Stubs** I cannot because: \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**GROSS INCOME ON MOST RECENT FEDERAL INCOME TAX RETURN: (Attach a copy)**

\$ \_\_\_\_\_ I cannot attach because: \_\_\_\_\_

**WHO CURRENTLY SUPPORTS YOU?** (Give name, address, and relationship)

**Job Waiting** (specify details if you have a job waiting): \_\_\_\_\_

**ASSETS OWNED.** My assets are (list all things you own yourself or with another person below by category) :

<b>Money</b> on my person: \$ _____	At home: \$ _____
In the bank: \$ _____	Jail is holding: \$ _____
Elsewhere: \$ _____	Trust funds: \$ _____

**Real Estate** (address): \_\_\_\_\_

(value) \_\_\_\_\_ (mortgage owed): \_\_\_\_\_ (to whom): \_\_\_\_\_

**Vehicles** (list year, make, value, and money still owed for each): \_\_\_\_\_

**Stocks or bonds:** \_\_\_\_\_

**Other Assets** (list type, value and location, include any money owed to you): \_\_\_\_\_

**SPOUSE AND CHILDREN.** (List name, age, and address of each, spouse first):

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

**SPOUSE'S EMPLOYER** (name and address) \_\_\_\_\_

Total income last 12 months: \_\_\_\_\_ (Include unemployment/worker's comp)

**HOUSEHOLD INCOME (OTHER): Earnings \$** \_\_\_\_\_ **Welfare \$** \_\_\_\_\_

**Unemployment \$** \_\_\_\_\_ **Worker's Comp \$** \_\_\_\_\_

**Disability \$** \_\_\_\_\_ **Child Support.** Paying: \_\_\_\_\_

**Other \$** \_\_\_\_\_

**PREVIOUS ATTORNEY.** I have not previously been represented in court by an attorney except  
(list name of attorney, case in which attorney represented you, and who paid the attorney in the case)

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

**PREVIOUS CRIMINAL CONVICTIONS** (LIST ALL AND IN WHAT STATES)

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

**STATEMENT OF APPLICANT  
AND PETITION TO APPOINT AN ATTORNEY**

I, \_\_\_\_\_, hereby verify that the facts I have set forth in the above Application for Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**AUTHORIZATION AND RELEASE**

TO WHOM IT MAY CONCERN:

I hereby authorize and request you to **disclose and give copies** to my attorney, the Public Defender of Monroe County, Pennsylvania, or any of his assistants or representatives, any and all records and information concerning me which you have in your possession, including, but not limited to the following:

(1) Financial information (including records as to earnings, assets and liabilities), personal information (including personnel files; copies of reports made to any other person or agency; and statements), military records (including medical and psychological diagnosis and prognosis reports of treatment; service history; and records of disciplinary actions, if any) and any related information.

(2) Hospital records and records of physicians, nurses, and other personnel (including narrative summaries or medical diagnosis, prognosis and treatment; charts; notes of interview; histories; and psychiatric or psychological evaluation), and any related information.

**This Authorization shall constitute sufficient Power of Attorney for obtaining such information, records and reports.** In consideration of your disclosure, I hereby release you (and, as appropriate, the institution you represent) from any and all liability arising from such disclosure. This authorization is valid for the period of one year from the date signed below.

**A photocopy of this authorization shall be considered as effective and valid as the original.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**NOTE: AFTER YOU HAVE SUBMITTED THIS APPLICATION TO THE PUBLIC DEFENDER OFFICE YOU WILL NEED TO CALL OUR OFFICE 2 TO 3 DAYS AFTER SUBMITTAL TO SEE IF YOU HAVE BEEN APPROVED OR DENIED.**