

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. You **MUST** provide Proof of income for **EVERY** wage earner in the household at the time of application. Your application will not be processed unless all proof of income is provided.
5. You **MUST** provide all paperwork relative to your case; for example, Criminal Complaint, PFA Violation and original PFA paperwork, Truancy paperwork, and Dependency paperwork. Your application will not be processed unless all paperwork is provided.
6. Read carefully Section Number 5 in the attached application relating to the scope of the Public Defender's representation.
7. 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.

CONTACT INFORMATION

Public Defender's Office
Lackawanna County Court House
200 North Washington Avenue, 1st Floor
Scranton, PA 18503

Telephone No.: (570) 963-6761
Fax No.: (570) 963-6338

Assistant Public Defender assigned to your case: _____

PUBLIC DEFENDER'S OFFICE
Lackawanna County Courthouse, Scranton, PA

APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL

TODAY'S DATE: _____

NAME: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

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

HOW FAR DID YOU GO IN SCHOOL? _____

DO YOU READ AND WRITE THE ENGLISH LANGUAGE? _____

ARE YOU A UNITED STATES CITIZEN? _____

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES (Army, Navy, Air Force, Marines, Coast Guard, Reserves)? _____

HAVE YOU EVER BEEN IN A MENTAL INSTITUTION OR RECEIVED TREATMENT FOR A MENTAL DISEASE? _____

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, RENTAL 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

4. **ALL PRIOR CONVICTIONS** (whether in State, out of State, Federal, Juvenile or Adult, and prior ARDS or other expungements) (if any):

DO YOU HAVE ANY OTHER PENDING CRIMINAL MATTERS? YES ___ NO ___

IF YES, WHAT IS THE STATUS? _____

ARE YOU CURRENTLY ON SUPERVISION? YES ___ NO ___

IF YES, IS IT FEDERAL, STATE, OR COUNTY? _____

IS YOUR SUPERVISION UNDER AN ARD PROGRAM, DRUG COURT PROGRAM, OR MENTAL HEALTH COURT PROGRAM? YES ___ NO ___

IF YES, WHICH PROGRAM: _____

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

**LACKAWANNA COUNTY
PUBLIC DEFENDER'S OFFICE**

Authorization and Release

(as mandated by Lackawanna County Local Rule 1600(c))

To whom it may concern:

I hereby authorize and request you to disclose and give copies to my attorney, the Public Defender of Lackawanna 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:

- × Hospital records and records of physicians, nurses, and other personnel (including narrative summaries or medical diagnosis, prognosis and treatment; charts; notes of interviews; histories; and psychiatric or psychological evaluations),
- × 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.

This 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 institute you represent) from any and all liability arising from such disclosure.

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

Date: _____ Signed: _____

Print Name: _____