CARBON COUNTY PUBLIC DEFENDER

CARBON COUNTY COURTHOUSE
4 BROADWAY, P.O. BOX 128
JIM THORPE PA 18229
TELEPHONE (570) 325-2343 FAX (570) 325-5031 OFFICE HOURS 8:30am. -4:30p.m.

APPLICATION FOR DEFENSE LAWYER FROM PUBLIC DEFENDER OFFICE

(REV. 5/10/16)

Gregory L. Mousseau, Esquire
Chief Public Defender

Paul J. Levy, Esquire
First Assistant Public Defender

Matthew J, Mottola, Esquire
Assistant Public Defender

Jennifer L. Rapa, Esquire
Assistant Public Defender

Hollianne Snyder, Esquire
Assistant Public Defender

Only indigent persons, in other words people who cannot afford to hire a lawyer, are eligible for a Public Defender. Indigence is determined by reference to the United States Department of Health and Human Services Poverty Guidelines. The cost of Public Defenders is borne by the Taxpayers of Carbon County, not the State of Pennsylvania.

IF YOU ARE NOT APPROVED FOR A PUBLIC DEFENDER, YOU CAN HIRE A LAWYER OF YOUR CHOICE TO DEFEND YOU IN YOUR CASE. YOU HAVE THE RIGHT TO REQUEST THE COURT TO APPOINT COUNSEL FOR YOU PURSUANT TO Pa.R.Crim.P.122(A).

INSTRUCTIONS:

1. You must fill out this application completely and truthfully.
2. If you are not employed, you must provide proof of income earned in the household.
3. Attach a copy of the criminal complaint against you, a copy of your most recent tax return, and copies of your three most recent paystubs.
4. If you receive Social Security or retirement benefits, Unemployment or Worker's Compensation, disability or public assistance, you must attach proof of your monthly assistance.
5. Sign the application and give it to the Public Defender's Office. It must be approved by the Office of the Public Defender in order for a lawyer to be assigned to defend you.
6. IF YOU ARE NOT IN JAIL AND APPLICATION IS NOT COMPLETED IN FULL AND GIVEN TO THE OFFICE OF THE PUBLIC DEFENDER AT LEAST SEVEN (7) DAYS BEFORE YOUR PRELIMINARY HEARING, IT IS AN AUTOMATIC DENIAL.
7. IF YOU ARE NOT INCARCERATED, FAILURE TO ATTACH VERIFICATION OF INCOME AS SET FORTH ABOVE, I.E.: PAY STUBS, TAX RETURNS, DISABILITY CHECKS, or WELFARE VOUCHERS WILL RESULT IN AN AUTOMATIC DENIAL OF YOUR APPLICATION.
8. If you are bailed out of jail after a public defender has been assigned to your case, YOU MUST APPEAR AT THE PUBLIC DEFENDER'S OFFICE AND RE-APPLY FOR REPRESENTATION WITHIN 72 HOURS. Failure to re-apply will result in the PD office withdrawing from representing you.

TO ALL DEFENDANTS

If you are planning to apply for an appointment of a Public Defender, our office will need the following:

CRIMINAL COMPLAINT

AFFIDAVIT OF PROBABLE CAUSE

PROOF OF INCOME

Applications must be submitted at least **SEVEN (7) DAYS** prior to your scheduled hearing date.

If you are incarcerated, you must submit an application **BY NOON ON THE DAY BEFORE YOUR HEARING**. If you apply after 12:00pm (noon), on the day before your hearing, we will process your application but will be unable to assign an attorney to represent you immediately.

You are warned that if you fail to completely inform this office of your financial condition, this office will petition the Court for imposition of attorney's fees. You will pay these fees.

In addition, **WILLFUL MISREPRESENTATION** of your financial circumstances to obtain the services of this office may result in additional CRIMINAL CHARGES. Anyone assisting you and/or advising you to falsify information may be charged as well.

If you get new charges, you must complete a new application. DO NOT assume that simply because you were represented by a Public Defender before that you will automatically be represented again.

It is **YOUR** responsibility to contact our office 3 days after you apply to see if your application has been approved. If you are applying ON THE DAY OF YOUR HEARING or within 4 days prior it is your responsibility to request a continuance.

Due to Attorney-client privacy requirements, the Public Defender will not discuss your case with anyone but **YOU!**

You must keep our office informed of your current address

And telephone number.

FULL NAME:_____

Birth date:_____S.S.#_____Drivers License # _____

Home Address_____City_____State_____Zip_____

Mailing Address_____City_____State_____Zip._____

Home Tel.#:_____Work Tel.#_____Other Tel.#_____

Email Address:_____

Name, address and phone # of contact person we may use if unable to locate you:_____

_____

Citizen of US? (circle) Yes or No If not, what Country: _____

VISA STATUS:_____Interpreter Needed: (list language) _____

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE? _____

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 or who may be called as

witnesses): _____

My Bail Status Bail is $_____. I am_____in jail._____out of jail.

Bail was posted by (Name of person):_____

TOTAL INCOME FROM ALL SOURCES LAST 12 MONTHS: $_____

(INCLUDING EVERYTHING, I.E. UNEMPLOYMENT, WORKER'S COMP. OR DISABILTY INCOME, CASH INCOME)

EMPLOYER (list name and address of current or (last)):_____

Gross Wages $:_____Date last Worked:_____

Attached 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):

Money on my person:$_____at home $ _____

In the bank $_____(if so list names of all banks) _____

Jail is holding $ _____

Elsewhere: $_____Trust funds/Recent inheritance:$ _____

Real Estate (address): _____

(value)_____(mortgage owed):_____(to whom): _____

Unimproved property owned (address): _____

(value):_____(lien owing):_____(to whom): _____

Trailer or Mobile Home(address): _____

(value):_____(lien owing):_____(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 and indicate with whom each child lives):

_____

_____

_____

_____

_____

CHILD SUPPORT (for each child indicate if there is a support order directing you to pay, how much monthly, and the last payment you made): _____

SPOUSES'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):_____

WELFARE/CASH ASSISTANCE $_____HOUSING ALLOWANCE $:_____

FOOD STAMPS $_____OTHER $ _____

TOTAL COMBINED HOUSEHOLD INCOME IN PAST 12 MONTHS $ _____

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)

_____

_____

By submitting this application I agree to accept the services of any lawyer who is assigned to handle my case.

If I should become employed or my financial situation changes at any time prior to my trial, I am aware that I must notify the public defender's Office as to such changes.

Note: After you have submitted this application to the Public defender's office you will need to call our office 3 days after submission to see if you have been approved or denied.

COMMONWEALTH OF PENNSYLVANIA }
}SS
COUNTY OF CARBON }

The undersigned, being duly sworn according to law, upon (his) (her) oath deposes and says:

1. I am the applicant seeking the service of the Public Defender Office of Carbon County.
2. I have read the foregoing application know the contents thereof and the same are true to my knowledge, except as to matters therein stated to be alleged as to persons other than myself, and as to those matters I believe it to be true.
3. This affidavit is made to inform the court as to my financial status and to induce the court to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, that I may be charged for the time spent by the attorney (s) handling my case on an hourly basis, but in any case not less than $750.00.
5. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine of not more than $15,000.00 or imprisonment for not more than seven years or both.

_____ _____

Signature of Applicant Date

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

ABOUT ME AND RELEASE FOR DISCLOSURE (REV. 110613)

I, the undersigned individual, hereby authorized and request you to disclose and give copies to my attorney, the public defender of Carbon County, Pennsylvania, or any of his assistants or representatives, of all records and information concerning me which you have in your possession, including, but not limited to the following sorts of records:

(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:_____