

**PUBLIC DEFENDER APPLICATION**

Approved/Disapproved: \_\_\_\_\_

**OFFICE USE ONLY**

PD FILE# \_\_\_\_\_ INITIALS \_\_\_\_\_ PRISON:  YES/ NO Hearing Type and Date \_\_\_\_\_

Charge/Judge/OTN# \_\_\_\_\_

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**DO NOT WRITE ABOVE THIS LINE**

Name: \_\_\_\_\_

A/K/A \_\_\_\_\_ [ M /  F]

Address and Telephone#: \_\_\_\_\_

\_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Last 4-digits S.S.# \_\_\_\_\_ Date of Birth (Month/Year ONLY) \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact: Name / Telephone#: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Marital Status (Check one):  SINGLE  MARRIED  DIVORCED  SEPARATED

**FAMILY INFORMATION:**

Spouse's Name: \_\_\_\_\_ Date of Birth (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ Telephone # \_\_\_\_\_

Spouse's employment/disability income/other income \_\_\_\_\_

How long \_\_\_\_\_ Hourly wages \_\_\_\_\_ Hours per week \_\_\_\_\_

Your children's ages \_\_\_\_\_ Number of your children living with you \_\_\_\_\_

**LEGAL INFORMATION:**

Bail Amount: \_\_\_\_\_ Paid by: \_\_\_\_\_

Are you a witness or victim in any pending Criminal Case in Berks County? (Check one) [ Yes  No]

If witness/victim, Defendant's Name \_\_\_\_\_

OTHER PENDING BERKS COUNTY CRIMINAL CHARGES (INCLUDING ATTORNEY)

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

**EDUCATION:**

Highest completed grade \_\_\_\_\_ GED: [ YES /  NO] Further Education: \_\_\_\_\_

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

**EMPLOYMENT RECORD:**

Employed: [ YES /  NO] Presently employed by whom: \_\_\_\_\_

How long \_\_\_\_\_ Hourly wages \_\_\_\_\_ Hours per week \_\_\_\_\_

Last employed \_\_\_\_\_

Employment start/end dates: \_\_\_\_\_ Hourly wages \_\_\_\_\_ Hours per week \_\_\_\_\_

TOTAL INCOME LAST 12 MONTH: \_\_\_\_\_ Other income \_\_\_\_\_

**FINANCIAL:**

Cash on hand \_\_\_\_\_ Bank Accounts (name of bank and amount) \_\_\_\_\_

Elsewhere \_\_\_\_\_ Welfare (Monthly) \_\_\_\_\_ Unemployment Comp (Monthly): \_\_\_\_\_

S.S. Benefits (Monthly) \_\_\_\_\_ V. A. Benefits (Monthly) \_\_\_\_\_

Workman’s Comp. (Monthly) \_\_\_\_\_ Disability (Monthly) \_\_\_\_\_

Stocks, Bonds, Pension, 401K, ETC: Type \_\_\_\_\_ Amt \_\_\_\_\_

Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Monthly payments \_\_\_\_\_

Housing: Monthly (Check one)  Mortgage /  Rent Amount: \_\_\_\_\_

Do you **RECEIVE** support: Amount (Monthly) \_\_\_\_\_

Do you **PAY** support: Amount (Monthly) \_\_\_\_\_ Court Order (Check one) [ Yes  No]

Misc. monthly expenses (Food, clothing, utilities, etc.) \_\_\_\_\_

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

Monthly loan payments: (to whom, length of loan) \_\_\_\_\_

Other monthly debts: (Type, balance, payment) \_\_\_\_\_

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

Credit card debts: (Card name, balance, monthly payment) \_\_\_\_\_

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

**VERIFICATION**

I, \_\_\_\_\_ verify that:

- 1) I am the applicant in the foregoing application.
- 2) I have read and completed the foregoing application and know its contents. The information I have provided is true and correct to the best of my knowledge, information, and belief.
- 3) I authorize any persons or agencies named in the foregoing application having information about my financial condition to release such information to the Public Defender’s Office. In particular, I authorize the Internal Revenue Service to release any and all information pertaining to my financial situation.
- 4) In making this application, I am aware that a false statement in this application is a crime punishable by a fine of not more than \$5,000.00 or imprisonment for not more than two (2) years, or both.

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**NOTE: YOU MUST IMMEDIATELY REPORT ANY CHANGE OF ADDRESS OR CHANGE IN FINANCIAL CIRCUMSTANCES. IF YOU ARE RELEASED FROM PRISON YOU MUST RE-APPLY IN PERSON AT THE PUBLIC DEFENDERS’ OFFICE.**