

PUBLIC DEFENDER APPLICATION

Approved/Disapproved: _____

OFFICE USE ONLY

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

Charge/Judge/OTN# _____

Charge/Judge/OTN# _____

Charge/Judge/OTN# _____

Charge/Judge/OTN# _____

Charge/Judge/OTN# _____

Charge/Judge/OTN# _____

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.