

Instructions For Public Defender Applicants

(18 years of age or older)

1. The application must be **COMPLETELY** filled out and all supporting documentation provided. The application may be hand-delivered, mailed, or faxed (570-517-3871).
2. **Due to time restraints applications will not be accepted the day prior to your scheduled Preliminary Hearing after 12:00pm. You are still required to appear at your Preliminary Hearing at the scheduled time but have not been approved for representation by the Public Defender's Office. You may submit your application after your Preliminary Hearing for approval. DO NOT bring the application with you to the hearing and expect that you will be automatically approved or an attorney appointed for you at that time.**
3. If you are in jail, you **MUST** still complete the application and provide your home address, not the prison.
4. You **MUST SIGN THE APPLICATION** where indicated. Your application will not be accepted unless it is completed, signed, and supporting documents or verification of income and assets provided.
5. Only indigent persons, in other words people who cannot afford to hire a lawyer, are eligible for a Public Defender. Eligibility for appointment of a Public Defender is determined by a number of factors, including but not limited to, household income and available assets, the type of case and by reference to the United States Department of Health and Human Services poverty guidelines. The cost of the Public Defenders is borne by the Taxpayers of Monroe County, not the State of Pennsylvania.
6. As part of the application process, **ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION WHERE APPLICABLE:**
 - **Criminal Complaint and Affidavit of Probable Cause**
 - **Prior year Federal Income Tax Return**
 - **Pay stubs for last 3 weeks**
 - **Current Social Security or unemployment statements**
 - **Current Welfare statements (food stamps or cash assistance)**
 - **Letter stating financial support if you are not stating any income and a copy of the photo ID of the person providing financial support.**
 - **Property tax for any and all property owned**
 - **Balance of mortgage on property**
 - **If married, Federal Income tax for spouse**
 - **Current financial information as requested**

7. No application for Public Defender shall be approved unless and until the requested financial information is provided.
8. The Public Defender shall re-examine eligibility as deemed necessary.
9. If you are not incarcerated, failure to attach verification of income as set forth above the application will be an automatic denial.
10. 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.
11. It is **YOUR** responsibility to contact our office after submitting the application to see if you were approved.
12. Due to attorney-client privacy requirements, the Public Defender will not discuss your case with anyone but **YOU!**
13. You must keep our office informed of your current address and telephone number and any financial changes.
14. In addition, **WILLFULL 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.
15. **Be aware that misrepresentation, false affidavits and false statements made by any person for the purposes of securing counsel or services of the Public Defender Office will be subject to the penalties prescribed by law for PERJURY. Further, if convicted, such persons shall be required to make restitution to the county and the Commonwealth of Pennsylvania for all monies paid on account of such false statements under 16 Pa. C.S. §9960.8**

I, _____, have read and accept the terms of this application process.

Date: _____

Signature: _____

Monroe County
Application for Public Defender
Condado de Monroe

Solicitud de Defensor Público

701 Main St. Suite 301 Stroudsburg, PA 18360

Jason A. LaBar, Chief Public Defender

Telephone: (570) 517-3042 Fax: (570) 517-3871 Office Hours: 8:30 a.m. – 4:00p.m.

Teléfono

Fax

Horario de Trabajo

Applicant:

Solicitante:

Name: _____

Nombre:

Age: _____ DOB: _____ Driver's License #: _____ Social Security #: _____

Edad: _____ Fecha de Nacimiento: _____ Número de Licencia de Conducir: _____ Número de Seguro Social: _____

Address: _____

Dirección: _____
(Street) (City/Borough) (State) (Zip Code)
(Calle) (Ciudad/Municipio) (Estado) (Código Postal)

Cell phone: _____ Provider: _____ Home phone: _____

Teléfono celular: _____ Proveedor: _____ Teléfono de Casa: _____

E-Mail: _____@_____.

Correo Electrónico:

Citizen of the USA? Yes (Sí) No (No) If not what country: _____

Es Ud. Ciudadano/a de los EE.UU.? Si "No," de qué país es Ud. Ciudadano/a?

Interpreter needed (type): _____

Usted necesita intérprete? (de qué lengua?)

Provide a secondary contact person or phone number

Provea Ud. el nombre de una persona de contacto secundario o número de teléfono

Name: _____ Relation: _____

Nombre: _____ Parentesco: _____

Address: _____ Phone number: _____

Dirección: _____ Número de Teléfono: _____

Hearing information: (Provide all hearing dates and most current)

Información de Audiencia/Vista: (Escriba todas las fechas de audiencia y la fecha más actual de audiencia)

Magistrate/ Judge: _____ Address: _____

Magistrado/Juez: _____ Dirección: _____

Date of hearing: _____ Time: _____

Fecha de Audiencia: _____ Hora: _____

Related People to the Case:

Personas Relacionadas con el Caso:

Arresting Officer: _____ Police Department: _____

El Policía que lo/la arrestó: _____ Departamento de Policía: _____

Co-Defendants: _____

Coacusados:

Witness: _____

Testigo:

Victim: _____

Víctima:

Employment: Yes (Sí) No (No)

Empleo:

Where? _____

Dónde?

Wages: \$ _____ per hour _____ hours a week (\$ _____ salary)

Sueldo: \$ _____ por hora _____ horas por semana (\$ _____ salario)

Unemployment Compensation _____ Monthly

Compensación por Desempleo _____ Mensualmente

Workmen’s compensation _____ Monthly

Compensación al Trabajador _____ Mensualmente

SSI _____ Monthly

Seguridad de Ingreso Suplementario _____ Mensualmente

SSD _____ Monthly

Seguro por Incapacidad del Seguro Social _____ Mensualmente

Public Assistance:

Asistencia Pública:

Medical

Asistencia Médica

Food Stamps _____ Monthly

Cupones de Alimento _____ Mensualmente

Cash _____ Monthly

Asistencia en efectivo _____ Mensualmente

- INCOME last 12 months (1 year): _____
- LOS INGRESOS durante los últimos 12 meses (1 año): _____
- Combine INCOME (self/spouse) last 12 months (1 year): _____
- Los INGRESOS Combinados (usted mismo/cónyuge) durante los últimos 12 meses (1 año): _____

Financial Information:

Assets/Income

Información Financiera:

Activos/Ingresos

Bank Account(s):

Cuenta(s) Bancaria(s):

- Checking _____ Amount
 o Cuenta corriente Monto
- Savings _____ Amount
 o Cuenta de Ahorro Monto
- N/A
 o No Aplica

House/Property? Yes No

Casa/ Bienes Inmuebles? Sí No

1. Tax assessor value \$ _____ Checked by: _____
 Valor calculado por el Tasador de Impuestos Revisado por:

2. Mortgage \$ _____ to _____
 Hipoteca a

Other property/Assets/Automobile? Yes No

Otros Bienes Inmuebles/Activos/Automóvil? Sí No

1. Year and make: _____
 Año y marca del vehículo:

2. I owe \$ _____ to _____
 Debo dólares a

3. Address of property owned _____
 Dirección del bien inmueble que Ud. posee

4. Tax assessor value \$ _____ Checked by: _____
 Valor calculado por el Tasador de Impuestos Revisado por:

5. Mortgage \$ _____ to _____
 Hipoteca dólares a

If you have no income, who is supporting you?

Si usted no tiene ningunos ingresos, quién lo/la mantiene?

Name: _____ Relation: _____

Nombre: _____ Parentesco: _____

Address: _____ Phone Number: _____

Dirección: _____ Número de Teléfono: _____

Single Yes No
Soltero/a Sí No

Married Name of your spouse? _____

Casado/a Nombre de su cónyuge? _____

Does your spouse work? Yes No

Trabaja su cónyuge? Sí No

Who is their employer? _____

Quién es el empleador de su cónyuge? _____

Is your spouse collecting:	Unemployment Compensation	_____ Monthly
Su cónyuge está recibiendo:	Prestaciones por Desempleo	Mensualmente
	Workmen's compensation	_____ Monthly
	Compensación al Trabajador	Mensualmente
	SSI	_____ Monthly
	SSI	Mensualmente
	SSD	_____ Monthly
	SSD	Mensualmente

Spouse's NET income in the past 12 months (1 year): \$ _____

Los ingresos NETOS de su Cónyuge durante los últimos 12 meses (1 año): _____

Separated or Divorced When was the last time you lived with your spouse? _____

Separado/a o Divorciado/a Cuándo fue la última vez que usted convivió con su cónyuge? _____

Children Under 18:

Yes No

Hijos menos de 18 años? Sí No

(Give names, age, and address of each child)

(Escriba el nombre, la edad y la dirección de cada hijo/a)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do you pay support? Yes

No

If so, how much? \$_____ a month

Paga Ud. manutención de menores? Sí

No

Si es así, cuánto? por mes

Do you receive support or SSI? Yes

No

Is so, how much? \$_____ a month

Ud. recibe manutención de menores o SSI? Sí

No

Si es así, cuánto? por mes

Bail Status:

Estatus de Fianza:

I am currently in jail Yes No

Actualmente estoy encarcelado/a Sí No

Bail is \$ _____ Bail has been posted by (name and address) _____

La fianza es de _____ dólares La fianza ha sido depositada por (nombre y dirección)

Criminal History:

Antecedentes Penales:

Have you ever been charged with another crime? Yes No

Alguna vez usted ha sido acusado de otro delito? Sí No

When: _____ Who represented you _____ Charges: _____

Cuándo: _____ Quién lo/la representó _____ Los cargos: _____

Sentence: _____

Condena: _____

Military Background:

Active Retired N/A

Antecedentes Militares: Activo/a Jubilado/a No

Branch of Service: _____ Service Dates from: _____ to: _____

Rama de Servicio: _____ Fechas de Servicio Militar desde: _____ a: _____

Rank: _____ Discharge type: _____

Rango: _____ Tipo de Licenciamiento: _____

STATEMENT OF APPLICANT AND PETITION TO APPOINT AN ATTORNEY
DECLARACIÓN DEL SOLICITANTE Y LA PETICIÓN DE NOMBRAR UN ABOGADO

I, _____, hereby verify that the facts I have set forth in the above Application for a 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.

Yo, _____, por la presente verifico que los hechos que he presentado en la Solicitud de Defensor Público arriba mencionada son verdaderos y correctos según mi leal saber y entender. Entiendo que las declaraciones en esto están sujetas a las sanciones del 18 Pa. C.S.A. Sección 4904 referente a falsificación no jurada a las autoridades.

Date Client
Fecha Cliente

I, _____, hereby give the Office of the Public Defender permission to notify me of any court hearings related to this case via text messaging and or e-mail and authorize the Public Defender to obtain a receipt for this communication.

Yo, _____, por la presente le doy permiso a la Oficina de Defensores Públicos para notificarme de cualesquier audiencias en el tribunal relacionadas con este caso por mensajes de texto y o correo electrónico y le autorizo al Defensor Público obtener un recibo para esta comunicación.

Date Client
Fecha Cliente