

OFFICIAL USE: PUBLIC DEFENDER SUPERVISOR ONLY: LEAVE BLANK

File # _____ NCP: _____ Date: _____
ID # _____ OTHER PRISON: _____ Approved: _____
OTN # & MDJ _____ Assignment: _____
Term # _____ Denied: _____
Charges: _____ Reason: _____

Co-Defendants: _____ Interpreter: _____

PUBLIC DEFENDER APPLICATION
OFFICE OF THE PUBLIC DEFENDER
NORTHAMPTON COUNTY GOVERNMENT CENTER
669 WASHINGTON STREET
EASTON, PA 18042-7464
OFFICE: 610-829-6384 FAX: 610-559-3718

I HEREBY APPLY FOR THE SERVICES OF THE PUBLIC DEFENDER'S OFFICE AND MAKE THE REPRESENTATIONS WHICH FOLLOW IN ORDER TO QUALIFY FOR SUCH SERVICES. I UNDERSTAND AND AGREE THAT THESE REPRESENTATIONS ARE NOT OF A CONFIDENTIAL NATURE; MAY BE REVEALED TO THE COURT OR OTHER INTERESTED PARTY; AND MAY BE USED AGAINST ME IF PROVED TO BE DELIBERATELY FALSE.

DATE: _____ **SIGNATURE:** _____

1. PERSONAL INFORMATION

- a) Full Name: _____
- b) Date of Birth: _____
- c) Social Security Number: _____
- d) Address: _____

Street City State Zip

Length of Time at this address: _____

Do you own or rent the premises at which you reside: ____ Own ____ Rent

If you rent, how much per month? _____

If neither, who owns this property: _____

- e) Home Phone Number: _____
- f) Cell Phone Number: _____
- g) Email Address: _____

h) Marital Status:
____ Single ____ Divorced ____ Separated *
____ Married ____ Widow/Widower

If married, what is the name, age, and address of your spouse? _____

i) Do you have any children under the age of 18? _____

If yes, please list their names and ages: _____

If yes, with whom do your children reside? (Please list their guardian(s) names and addresses): _____

If your children do not live with you, are you paying support? _____
If yes, how much per week/per month? \$ _____
If yes, please list to whom you are making payments and the address: _____

2. CASE INFORMATION

- a) I am charged with the following offenses: _____

- b) Are you charged with a DUI? _____
If charged with a DUI, which offense? _____ (1st, 2nd, 3rd, etc.)
- c) I _____ have / _____ have not had a preliminary hearing in this matter before a Magisterial District Judge.
- d) The name of the Magisterial District Judge who heard/will hear my case was/is: _____

- e) The date of my hearing is/was: _____
- f) Current bail amount for all charges: _____
- g) Is this application for a State Parole Violation? _____ Yes _____ No

3. APPLICANT'S EMPLOYMENT INFORMATION

- a) Are you employed? _____ If so, who is your employer? _____
- b) How long have you been employed at this present job? _____
- c) Are you full-time or part-time? _____
- d) What is your hourly rate? \$ _____
How frequently are you paid? _____ Weekly _____ Bi-weekly _____ Monthly
- e) If not paid hourly, what is your salary? \$ _____
How frequently are you paid? _____ Weekly _____ Bi-weekly _____ Monthly
- f) How do you receive your paycheck?
_____ Direct Deposit _____ Check _____ Pay Card _____ Cash

4. SPOUSE'S EMPLOYMENT INFORMATION

- a) Is your spouse employed? _____ If so, who is his/her employer? _____

- b) How long has your spouse been employed at this present job? _____
- c) Is your spouse full-time or part-time? _____
- d) What is your spouse's hourly rate? \$ _____
How frequently is he/she paid? _____ Weekly _____ Bi-weekly _____ Monthly

- e) If not paid hourly, what is your spouse's salary? \$ _____
 How frequently is he/she paid? _____ Weekly _____ Bi-weekly _____ Monthly
- f) How does your spouse receive his/her paycheck?
 _____ Direct Deposit _____ Check _____ Pay Card _____ Cash

5. FINANCIAL AND ASSET INFORMATION

- a) Are you receiving any of the following payments?
 Disability (including Social Security, Workmen's Compensation, etc.) _____
 If so, how much per week/per month? \$ _____
 Unemployment _____
 If so, how much per week/per month? \$ _____
 Welfare _____
 If so, how much per week/per month? \$ _____
- b) Is your spouse receiving any of the following payments?
 Disability (including Social Security, Workmen's Compensation, etc.) _____
 If so, how much per week/per month? \$ _____
 Unemployment _____
 If so, how much per week/per month? \$ _____
 Welfare _____
 If so, how much per week/per month? \$ _____
- c) Do you or your spouse have a checking accounts with a bank or financial institution? _____
 If so, what is the balance of that account? \$ _____
- d) Do you or your spouse have a savings accounts with a bank or financial institution? _____
 If so, what is the balance of that account? \$ _____
- e) Do you or your spouse have any online/mobile bank accounts (i.e. Chime®, CashApp®, Ally®, etc.) _____ If so, what type(s)? _____
 If so, what are the balances of those accounts? \$ _____
- f) Do you or your spouse use any online money transfer services (i.e. Venmo, PayPal, Zelle®, etc.) _____ If so what type(s)? _____
- g) Are you or your spouse the recipient of any trusts, annuities, or estates? _____
 If so, what is the value? \$ _____
- h) Do you or your spouse own any stock or bonds of any type? _____
 If so, what is the value? \$ _____
- i) Do you or your spouse own any life insurance policies? _____
 If so, what is the value? \$ _____
- j) Do you or your spouse own an automobile? _____
 Year and make? _____
 Value? _____

Are you making payments for this automobile? ____ If yes, amount? _____
k) Do you or your spouse own any real estate (house or land)? _____
If yes, what is the value of the real estate? \$ _____
Do you have a mortgage? _____ If so, how much is owed? \$ _____
How much are your mortgage payments? \$ _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I, _____, residing at _____ verify that the facts set forth in the foregoing PUBLIC DEFENDER APPLICATION are true and correct to the best of my knowledge, information and belief. I understand that false statements made therein are subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I further declare that:

1. I have not knowingly concealed, or in any way misrepresented my financial resources.
2. I am indigent and unable to procure sufficient funds to obtain legal counsel to represent me.
3. I authorize my employer, bank, government agency, or any entity making payments to myself or my spouse to release information concerning the amount and nature of said payments to the Northampton County Public Defender's Office.
4. If the Public Defender accepts my case, I will notify him or her of any changes in my financial resources including release on bail, employment, case income, or any other items listed in this application.
5. I am aware that I can be prosecuted for perjury if I have made any false statements, misrepresentation, or concealment.
6. That I can be prosecuted if I continue to accept such services after my financial condition has materially changes without notifying the Northampton County Public Defender's Office.
7. That in any such case, this application may be used as evidence against me.
8. By signing this application, I agree to update my contact information, including my address and phone number, and I agree to update my income information within 7 days of any change. Failure to provide updated information may result in the denial of representation through the Northampton County Public Defender's Office.

Date: _____

Signature: _____