

BLAIR COUNTY PUBLIC DEFENDER'S OFFICE

◆ 423 ALLEGHENY STREET, STE 344, HOLLIDAYSBURG, PA ◆ P: (814) 693-3255 ◆ F: (814) 693-3259 ◆

APPLICATION FOR LEGAL REPRESENTATION

PERSONAL INFORMATION

Full Name: _____ Birth Date: ____/____/____ SS#: _____ - _____ - _____

Mailing Address: _____ Apt. #/Floor: _____
(Street) (City) (State) (Zip Code)

Phone: _____ Alt. Phone: _____ Email: _____

Military Service: Dates of Service: _____ Branch: _____ Discharge Type: _____

CASE INFORMATION

Legal representation is requested for the following matter(s):

Criminal Case:

◆ Charge(s): _____ ◆ Is your ARD being revoked?: _____

Probation/Parole Violation

Violation/Contempt of PFA

Fugitive/Extradition

Driving During Suspension

Payment Determination Hearing

Appeal of Conviction

****IF YOU ARE SEEKING REPRESENTATION FOR A MATTER NOT LISTED ABOVE, IT IS UNLIKELY WE CAN ASSIST YOU ****

◆ Names of alleged co-defendants, victims, or witnesses: _____

◆ Does the PD's Office already represent someone in this case?: _____

UPCOMING COURT DATES

Magisterial District Court:

Blair County Courthouse:

◆ Judge: _____

◆ Judge/Ctrm #: _____

◆ Date: _____ ◆ Time: ____:____

◆ Date: _____ ◆ Time: ____:____

BAIL STATUS

◆ Do you have other pending charges?: _____ If yes, who is your attorney?: _____

◆ Are you incarcerated?: _____ ◆ Date of incarceration: _____ ◆ Where?: BCP _____

◆ Why are you incarcerated?: Unable to post bail Probation detainer Serving sentence Other detainer

IMPORTANT: If you want us to be able to discuss your case with anyone, list their names and phone numbers below:

*** THIS APPLICATION HAS TWO SIDES ***

BLAIR COUNTY PUBLIC DEFENDER'S OFFICE

◆ 423 ALLEGHENY STREET, STE 344, HOLLIDAYSBURG, PA ◆ P: (814) 693-3255 ◆ F: (814) 693-3259 ◆

HOUSEHOLD INCOME

* PLEASE ATTACH PROOF OF INCOME (i.e. pay stubs, benefits letter, tax returns) *
We may request additional information

Family:

◆ I am: Single Married Separated Live-in Partner Other: _____

◆ Spouse monthly income: \$ _____ ◆ Source of income: _____

◆ Names and ages of live-in children: _____

◆ Child Support: I receive \$ _____ per month I pay \$ _____ per month

Employment:

◆ Average monthly wages: \$ _____ ◆ Employer: _____ ◆ Job Title: _____

◆ If unemployed, when and where did you last work?: _____

Other Income:

◆ If you or your live-in children receive public assistance, list the type of assistance and monthly amount below: (i.e. SSI, disability, food stamps, cash assistance, etc.)

_____ \$ _____
_____ \$ _____

◆ List the source and monthly amount of any other income: (i.e. VA benefits, parental support, alimony, pension, etc.)

_____ \$ _____
_____ \$ _____

◆ If you are claimed as a dependent by a parent/guardian, state your parent/guardian's annual income: \$ _____

◆ If you own a home, what is the assessed value?: \$ _____ ◆ How much do you owe on the property?: \$ _____

◆ Total balance of all bank accounts in you or your spouse's name: \$ _____

VERIFICATION

I verify that the above information is true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code, relating to unsworn falsification to authorities. I ALSO AGREE TO NOTIFY YOUR OFFICE OF ANY CHANGE IN INCOME OR ADDRESS.

(Signature of applicant)

(Date)

FOR OFFICE USE ONLY

Representation is:

Accepted

Rejected:

___ Income exceeds guidelines

___ Matter not handled by PD Office

___ _____

Conflict

Conflict with: _____

___ Victim/witness

___ Co-Defendant

Reviewed by: _____

(Signature of attorney)

(Date)