

Assigned to: _____, Esquire

P.D. No. _____

L. E. No. _____

Date _____

C.D. No. _____, 200 _____ OTN: _____

**APPLICATION FOR ASSIGNMENT OF COUNSEL
IN FORMA PAUPERIS STATUS**

(Complete All Questions)

Name: _____ Date of Birth _____

Address: _____

Phone Number: _____ Age: _____ Social Security No. _____

Name of Husband/Wife -Boyfriend/Girlfriend: _____

Does spouse/friend live with you? _____ When did you last live together? _____

List names, ages, and relationship of **ALL** household members: _____

Present charge: _____

Incident date: _____ Arrest date: _____ Place: _____

Township/Borough _____ City: _____

Name of District Justice: _____

Hearing date: _____ Where: _____ Time: _____ am/pm

I am presently in jail: No _____ Yes _____, if yes, date incarcerated: _____

If released on bail, state amount paid: \$ _____, If cost of the bail was defrayed by another, Who paid the bail? _____ and amount paid \$ _____ ?

Are you employed? No _____ Yes _____ Where? _____ How long? _____

Employer Name, Address, and Phone Number _____

IF you are unemployed, **WHERE** did you last work? _____ When did you last work? _____ What was your salary or wage when you last worked? \$ _____

How long did you work there? _____. Did you apply for unemployment compensation if your employment terminated? _____. Is there a job waiting for you? (Specify) _____

Does your (husband) (wife) (girlfriend) (boyfriend) work? _____ Where _____

Have you made an attempt to seek private counsel? Explain: _____

FINANCIAL INFORMATION - If **YOU FAIL TO COMPLETE and PROVIDE VERIFICATION** of the current financial information, your application **WILL BE DENIED.**

INCOME: (If your parents claim you as a **dependent**, your PARENTS must provide their income.)

What is the total amount of your income during the **past 12 months**? \$ _____

Income all members of **your household income** during the past 12 months? \$ _____

Wages per **month** \$ _____ Spouse/Friend's wages per **month** \$ _____ Do you receive

self-employment income \$ _____ Social Security Benefits \$ _____ Disability \$ _____

Support Payments \$ _____ Is there an arrearage owed? _____ How much \$ _____

Unemployment Compensation \$ _____ Worker's Compensation \$ _____

Public Assistance(cash) \$ _____ Medical _____ Food Stamps \$ _____



Does anyone owe you money? _____ If yes, give the person's name and address and the amount owed to you: _____

Does anyone else pay any of your bills and expenses? _____ How much? _____ Who? _____

Do you have any money on you? _____ Amount \$ _____

In the bank _____ Amount \$ _____ At home _____ Amount \$ _____

Elsewhere \$ _____ In the custody of the Warden _____ Amount \$ _____

Do you own a motor vehicle? _____ Year and Make: _____

Cost \$ _____ I owe \$ _____ to: _____

It is now at: _____

Do you own stocks? _____ Bonds? _____ Value \$ _____

Do you own real estate? _____ Description and Value _____

Do you have any other assets? _____ (if yes, describe, present location and value) _____

Debts and Obligations: (dollar amount per month) Mortgage \$ _____ Rent \$ _____ Loans \$ _____

Utilities (combined month total) \$ _____ Child Support \$ _____ Is it current? _____

Please provide year to date paystubs for current year, last tax return, DPW cards, unemployment benefits, etc. and any complaint, summons and all paperwork received in this matter.

VERIFICATION

1. I am the petitioner in the above-entitled action and I request that counsel be assigned to me, and I am willing to accept the services of any lawyer assigned by the Office of Public Defender or appointed by the court.
2. I have read the foregoing petition and know the contents thereof and that the facts and allegations presented therein are true and correct of the best of my knowledge, information, and belief.
3. This statement is made to inform the Court as to my status of indigency and to induce the Court to assign counsel to me as an indigent Defendant for my defense against the criminal charges that have been made against me.
4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstance, which would permit me to pay the costs incurred herein.
5. I verify that the statements made in this affidavit are true and correct.
6. I understand that a false statement or answer to any question in this verified statement will subject me to penalties provided by law.

Sign Here>

Defendant
or Parent of Respondent (Juvenile)

RECOMMENDATION OF PUBLIC DEFENDER

AND NOW, _____, 200____, after investigation, we are of the opinion that the applicant, _____ (is) (is not) financially able to provide funds for his/her own defense, and that counsel (should) (should not) be (provided by the Office of the Public Defender) or be (appointed by the Court of Common Pleas of Greene County) to represent (him) (her) in the above matter.

Public Defender