



**COURT OF COMMON PLEAS OF CRAWFORD COUNTY
THIRTIETH JUDICIAL DISTRICT OF PENNSYLVANIA
COURTHOUSE
MEADVILLE, PENNSYLVANIA 16335-2696**

NOTICE ABOUT THE ATTACHED FORM

PERSONS WHO HAVE BEEN CHARGED WITH HAVING COMMITTED A CRIME ARE ABSOLUTELY ENTITLED TO AN ATTORNEY OF THEIR OWN CHOICE AND A FREE ATTORNEY IF THEY CANNOT AFFORD AN ATTORNEY AND OTHERWISE QUALIFY FOR A FREE ATTORNEY.

THE COURT RECOMMENDS THAT PERSONS WHO CANNOT AFFORD AN ATTORNEY FIRST MAKE APPLICATION FOR THE PUBLIC DEFENDER.

IF A DEFENDANT HAS BEEN TURNED DOWN BY THE PUBLIC DEFENDER AND STILL WANTS A COURT APPOINTED ATTORNEY THE DEFENDANT MUST FILL OUT THE ATTACHED APPLICATION FOR THE ASSIGNMENT OF COUNSEL IN A CRIMINAL CASE, AND THE AFFIDAVIT FULLY. **THE APPLICATION AND AFFIDAVIT WILL NOT BE CONSIDERED BY THE COURT IF THERE ARE ANY EMPTY BLANKS OR MISSING INFORMATION OR IF THERE IS AN ENTRY OF "NOT APPLICABLE" OR "N/A."**

THE APPLICATION SHOULD BE PRESENTED TO THE CLERK OF COURTS ANY TIME THAT THE COURTHOUSE IS OPEN FOR BUSINESS BETWEEN 8:30 A.M. AND 4:30 P.M.

(b) The Public Defender would not represent the defendant because:

6. The defendant is, for financial reasons, unable to obtain counsel to represent the defendant in this action as the defendant does not have sufficient income or assets to hire counsel nor does the defendant have the ability to borrow money or obtain gifts from relatives, friends or otherwise in order to hire counsel. Defendant has made the following efforts to obtain counsel:___

7. The defendant requests the court to assign counsel to represent the defendant in this matter.

I verify that the statements made in this application are true and correct to the best of my knowledge, information and belief. I further understand that any false statements made herein are subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Dated: _____

Defendant

Type of work: _____

(c) Other income within the past twelve months:

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Worker's compensation: _____

Public Assistance: _____

Other: _____

(d) Other contributions to household support (wife), (husband) or her adult living with me)

Name: _____

If your (wife), (husband) or (other adult) is employed state:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of Deposit: _____

Real estate (including home): _____

Motor Vehicle: Make: _____; Year: _____; Cost: _____

Amount owed: _____

Stocks, bonds: _____

Other: _____

(f) Debts and obligations:

Mortgages: _____

Rent: _____

Loans: _____

Other: _____

Persons dependent upon you for support:

(wife) or (husband) Name: _____

Children, if any:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other persons: _____

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay for an attorney.

5. I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 19 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Dated: _____

Defendant

