

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA  
JUVENILE DIVISION

**JUVENILE APPLICATION FOR PUBLIC DEFENDER**

READ THE FOLLOWING CAREFULLY:

To request representation by the Office of the Public Defender, you must provide this application (completed in its entirety) to the Public Defender Office. Either in person or by mail.

The office must receive the original signed by the applicant.

Our office is located in the Crawford County Courthouse, 903 Diamond Park, Suite B1, Meadville, Pennsylvania, 16335.

Telephone (814) 333-7367 | Toll Free in PA: (800) 982-9019

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Responsible Guardian/Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Contact Number \_\_\_\_\_

CHARGES \_\_\_\_\_

\_\_\_\_\_

Docket No.: JV \_\_\_\_\_ - \_\_\_\_\_

I currently have a probation officer and their name is: \_\_\_\_\_

I have read this application and agree that all information upon it is true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Completed

**YOU ARE ADVISED NOT TO DISCUSS YOUR CHARGES WITH ANY LAW ENFORCEMENT OFFICERS WITHOUT YOUR ATTORNEY PRESENT!!!**