

CRAWFORD COUNTY PUBLIC DEFENDER'S OFFICE

903 Diamond Park, Suite B1, Meadville, PA Telephone: (814) 333-7367
Fax: (814) 337-3422 Toll Free in PA: (800) 982-9019
Email Application To: pdintake@co.crawford.pa.us

APPLICATION FOR LEGAL REPRESENTATION

PERSONAL INFORMATION

Full Name: _____ Birth Date: ____/____/____

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

Telephone: _____ Alt. Phone: _____ Alt. Phone: _____

Email: _____

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 or DOMREL Fugitive/Extradition

Driving During Suspension Payment Determination Hearing Appeal of Conviction

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

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

UPCOMING COURT DATES

♦ Date: _____ Time: _____ Judge: _____

BAIL STATUS

♦ Are you incarcerated?: _____ ♦ Date of incarceration: _____ ♦ Where?: CRAWFORD _____

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

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

*** THIS APPLICATION HAS TWO SIDES ***

HOUSEHOLD INCOME

* PLEASE PROVIDE PROOF OF GROSS INCOME (i.e. pay stubs, benefits letter, tax returns) *

We may request additional information.

Employment:

◆ Current monthly gross wages: \$ _____ ◆ Employer: _____ ◆ Job Title: _____

◆ No wages because: Unemployed Seasonal: If seasonal, average yearly wages: _____

Family:

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

◆ Spouse monthly gross income: \$ _____ ◆ Source of spouse's income: _____

◆ Names and ages of live-in children: _____

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

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:

Conflict:

Attorney Assigned: _____

___ Income exceeds guidelines

___ Matter not handled by PD Office

___ _____

Conflict with: _____

___ Victim/witness

___ Co-Defendant

Reviewed by: _____

(Signature of attorney)

(Date)