

**Public Defender's Office**  
**Tioga County Courthouse**  
**118 Main St., Wellsboro, PA 16901**  
**(570) 724-9360 (phone) (570) 723-0880 (fax)**

**NOTICE: Application must be received ASAP but no later than 3 business days BEFORE hearing.**  
**Application must be filled out in full for consideration**

**APPLICATION FOR COUNSEL**

**Name & Address**

**Present Employer's Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gross Wages Per Month** (before taxes) \$ \_\_\_\_\_  
Birth State & Country \_\_\_\_\_ **\*\* Must include Spouse/All Adults of Household Income \$** \_\_\_\_\_  
Telephone Number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **\*\*If you live with your parents, you must include their Income \$** \_\_\_\_\_  
Cell Number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **\*\*Note: If you are a College Student, you MUST include Parents Income \$** \_\_\_\_\_  
Email: \_\_\_\_\_

Charge(s) \_\_\_\_\_ Arresting Officer \_\_\_\_\_  
Hearing Date \_\_\_\_\_ Time \_\_\_\_\_ Before Whom (Judge) \_\_\_\_\_

I am unable to obtain counsel for the following reason: \_\_\_\_\_

I AM PRESENTLY UNEMPLOYED Date of my last employment was \_\_\_\_/\_\_\_\_/\_\_\_\_  
Salary or wages per month (gross) \$ \_\_\_\_\_ Type of Work \_\_\_\_\_

**All Family Members that you support or they support you-Must include everyone in Household Names and Income:**

Spouse/Paramour Name: \_\_\_\_\_ Monthly Gross Income (if employed) \$ \_\_\_\_\_  
 Child(ren) Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

**You may use the back for additional room for names**

**Received Within the Past Twelve Months:**

Business or Profession: \_\_\_\_\_ \* Support Payments: \_\_\_\_\_  
Other Self-Employment: \_\_\_\_\_ \* Disability Payments: \_\_\_\_\_  
Pension & Annuities: \_\_\_\_\_ \* Social Security Benefits: \_\_\_\_\_  
Workman's Compensation: \_\_\_\_\_ \* Public Assistance: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_  
Unemployment Compensation & Supplemental Benefits: \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

**Property Owned: If you live with your Parents you must include information**

Cash: \$ \_\_\_\_\_ Checking Account: Y or N \$ \_\_\_\_\_ Savings Account: Y or N \$ \_\_\_\_\_  
**Real Estate (including home you own):** Value: \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Rent Y or N Monthly Amt: \$ \_\_\_\_\_  
Motor Vehicle: Make \_\_\_\_\_ Year \_\_\_\_\_ Cost \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_  
Stocks/Bonds \_\_\_\_\_ Other: \_\_\_\_\_

**If you are in jail, what is your bail?** \$ \_\_\_\_\_ If out of jail, how much bail did you pay? \_\_\_\_\_ Who paid it? \_\_\_\_\_  
**Have you ever been represented by an attorney before?** Y or N Who? \_\_\_\_\_ For What? \_\_\_\_\_

**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED YOU MUST REVIEW AND CHECK THE FOLLOWING TWO PARAGRAPHS:**

I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to penalties of 18 PA C.S. Sec. 4904, relating to unsworn falsification to authorities.

Date \_\_\_\_\_

Signature of Defendant \_\_\_\_\_