

Public Defender's Office  
29 Crafton Street, P.O. Box 37  
Wellsboro, PA 16901  
(570) 724-9360

**NOTICE!!**  
APPLICATION MUST BE RECEIVED  
NO LATER THAN 3 BUSINESS DAYS  
BEFORE THE HEARING

Application Received By: \_\_\_\_\_  
on \_\_\_\_\_

## APPLICATION FOR COUNSEL

Name & Address:

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

Present Employer's Name & Address:

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

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Gross Wages Per Month (before taxes): \_\_\_\_\_  
Total Household Gross \_\_\_\_\_

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: \_\_\_\_\_

Other Income 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: \_\_\_\_\_

Unemployment Compensation & Supplemental Benefits: \_\_\_\_\_ Other: \_\_\_\_\_

Property Owned:

Cash: \_\_\_\_\_ Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Real Estate (Including home): \_\_\_\_\_

Motor Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ Cost \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_ Other: \_\_\_\_\_

Persons Dependant Upon Me for Support:

(Spouse) Name: \_\_\_\_\_ Monthly Gross Income (if employed): \_\_\_\_\_

Child(ren) Number of Children: \_\_\_\_\_

Have you ever been represented by an attorney before? \_\_\_\_\_ Who? \_\_\_\_\_

For What Purpose? \_\_\_\_\_

**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 \_\_\_\_\_

# NOTICE

If you will be requesting representation by the Public Defender, please note that the enclosed application must be submitted at least **three (3) days prior to your scheduled hearing to:**

Public Defender's Office  
29 Crafton Street  
PO Box 37  
Wellsboro, PA 16901  
(570) 724-9360

If you have any questions concerning this application, please contact the Public Defender's Office. Please note that if you fail to contact the Public Defender or file this application, you may not receive legal representation at your hearing.

**DO NOT SUBMIT THESE APPLICATIONS TO THE DOMESTIC  
RELATIONS OFFICE!!!!**

## FEE NOTICE