

POTTER COUNTY PUBLIC DEFENDER

Walter Stenhach, Esquire
Gunzburger Annex, Suite 134
One North Main Street
Coudersport, PA 16915
Ph: (814) 274-8288
Fax: (814) 274-3220

Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.

TOTAL HOUSEHOLD INCOME

IF PAGE THREE OF PUBLIC DEFENDER APPLICATION IS
NOT COMPLETED AND PROOF OF INCOME OR W-2
PROVIDED YOU APPLICATION WILL BE RETURNED.

To verify your income, you should send:

- Your last 4 pay stubs
- Your previous tax return
- Proof of SSI or other government support or your Access card
- If you are not employed, not receiving public assistance and not receiving some kind of government support, you should bring a letter from the relative or friend who is supporting you now.

Any potential client who fails or refuses to provide adequate proof of income will not be approved for representation through the Potter County Public Defender's Office.

After we have determined that you are charged with an offense covered by the Public Defender Act and that you are not financially able to hire a private attorney, you will be interviewed about the charges and you will have the opportunity to speak with a lawyer about your case.

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If your income should change during the course of your case, you **MUST** report that change to this office immediately. Failure to do so may result in this office filing a motion to withdraw from your case, filing a civil action seeking repayment (by you) of the reasonable value of the services you have received from this office subsequent to the date of your income change, and/or criminal charges being filed against you for Unsworn Falsification.

You are also advised that Office of the Public Defender of Potter County has sole authority to assign an attorney to your case(s). You **DO NOT** have the right to an attorney of your choice, and you may be assigned one or more different attorneys at various points during your case.

You are also advised that your contact with this office shall take place in one of four way, all of which must be directed to the Office of Public Defender ONLY and at the address set forth at the top of the application: 1) face to face meeting by appointment (call our office to schedule a meeting); 2) by telephone; or 3) by letter. Note that this office is not permitted to accept collect telephone calls from any prison facility, and any attempted collect call will be refused. If you have an emergency situation please have your warden telephone this office and we return your call. As to the nature of your communications, please note that this office can only assist you with the specific criminal acts you have set forth in your application. Do not contact this office with problems you are having with certain officers or inmates at prison, prison visitations, problems with your parole or probation after you have been sentenced, family issues or other civil matters indirectly related to your criminal charges, work release issues after sentence, or any other matter not directly relating to your criminal case.

Application for Public Defender Services

In the Court of Common Pleas of POTTER COUNTY, Pennsylvania
Potter County Public Defender

Walter Stenhach, Esq.
Potter County Public Defender
Gunzburger Annex, Suite 134
One North Main Street
Coudersport, Pa 16915

Phone: (814)-274-8288

Fax: (814)-274-3220

NAME:

CHARGES:

MAGISTERIAL DISTRICT JUDGE

CO-DEFENDANTS:

PRELIMINARY HEARING DATE: TIME:

BAIL/BOND: CASH/PROPERTY:

OTN: DOCKET#:

CAUTION: READ CAREFULLY BEFORE SIGNING

THIS APPLICATION MUST BE COMPLETED IN FULL OR IT CANNOT BE CONSIDERED. IN ADDITION, THIS APPLICATION MUST BE COMPLETED AT LEAST 7 BUSINESS DAYS PRIOR TO YOUR PRELIMINARY HEARING.

ALL INFORMATION PROVIDED IN THIS APPLICATION MUST BE ACCURATE. IT WILL BE RELIED UPON BY THIS OFFICE IN DETERMINING YOUR ELIGIBILITY FOR SERVICES AND ALSO BY YOUR ATTORNEY IN ORDER TO REPRESENT YOU IN THIS MATTER. FAILURE TO ACCURATELY PRESENT YOUR FINANCIAL CIRCUMSTANCES MAY RESULT IN FINANCIAL LIABILITY ON YOUR PART FOR SERVICES PERFORMED BY YOUR ATTORNEY.

For Official Use Only

Date Received _____
Accepted / Denied _____
Reason for Rejection _____

PERSONAL DATA:

CAN YOU READ, WRITE UNDERSTAND THE ENGLISH LANGUAGE? YES NO

FULL NAME: _____

LIST ANY OTHER NAMES YOU MAY BE KNOWN AS: (MAIDEN NAME) _____

YOUR ADDRESS: _____

CITY: _____ STATE: ZIP:

PHONE# CELL PHONE# WORK/OTHER PHONE#

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

WHO LIVES WITH YOU? _____

DATE OF BIRTH: AGE:

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

IF MARRIED, SPOUSE'S NAME: _____

NUMBER OF CHILDREN DO YOU SUPPORT THEM FINANCIALLY? YES NO

DO CHILDREN LIVE WITH YOU? YES NO HOW MANY LIVE WITH YOU? _____

NAME AND AGES OF ALL CHILDREN _____

NAME OF PERSON AWARE OF YOUR WHEREABOUTS MOST OF THE TIME: _____

THEIR ADDRESS: _____

PHONE# RELATIONSHIP TO YOU: _____

PHYSICAL MENTAL ISSUES:

DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH PROBLEMS? YES NO

IF YES, EXPLAIN: _____

ARE YOU PRESENTLY UNDER THE CARE OF A DOCTOR? YES NO

IF SO, STATE HIS NAME, ADDRESS AND PHONE# _____

DO YOU TAKE ANY MEDICATIONS? YES NO

IF SO, LIST ALL: _____

EDUCATION:

HIGH SCHOOLS/COLLEGES YOU HAVE ATTENDED

YEARS/GRADES COMPLETED

FINANCIAL INFO:

ARE YOU EMPLOYED? YES NO

IF YES, EMPLOYER'S NAME AND ADDRESS

[REDACTED]

HOW LONG HAVE YOU BEEN EMPLOYED?

[REDACTED] HRS/WEEK [REDACTED] AMOUNT/HR: \$ [REDACTED]

IF NOT EMPLOYED, WHERE AND WHEN DID YOU LAST WORK?

[REDACTED]

HRS/WEEK: [REDACTED] AMOUNT/HR: \$ [REDACTED] DATE EMPLOYMENT ENDED: [REDACTED]

DO YOU RECEIVE SSI, SSDI, UNEMPLOYMENT ETC? YES NO HOW MUCH PER MONTH \$ [REDACTED]

ARE YOU MARRIED? YES NO IF YES, IS YOUR SPOUSE EMPLOYED? YES NO

IF YES, NAME AND ADDRESS OF SPOUSE'S EMPLOYER:

[REDACTED]

SPOUSE'S HOURS PER WEEK [REDACTED]

AMOUNT PER HOUR \$ [REDACTED]

DO YOU RECEIVE PUBLIC ASSISTANCE OF WELFARE? YES NO

FOOD STAMPS: HOW MUCH PER MONTH? [REDACTED]

CASH ASSISTANCE: HOW MUCH PER MONTH? [REDACTED]

WHAT WAS YOUR HOUSEHOLD TOTAL INCOME FOR THE PAST 12 MONTHS? [REDACTED]

*INCLUDE ALL CASH ASSISTANCE, SSI, SSDI, CHILD SUPPORT, UNEMPLOYMENT, ETC)

Must include last four paystubs or W-2.

FINANCIAL STATUS

VALUE

CASH, CHECKING, AND/OR SAVINGS ACCOUNT

\$ [REDACTED]

REAL ESTATE (DO YOU OWN HOME/PROPERTY)

\$ [REDACTED]

CAR(S) [REDACTED] YEAR [REDACTED] MAKE [REDACTED]

\$ [REDACTED]

MONEY ON THE PERSON OR AT HOME

\$ [REDACTED]

MONEY OWED TO YOU

\$ [REDACTED]

TOTAL ASSETS [REDACTED] \$0.00

MORTGAGE (TOTAL OWED) \$ [REDACTED]

LIST ALL MONTHLY BILLS AND DEBTS YOU PAY:

	\$	
[REDACTED]	\$	[REDACTED]
[REDACTED]	\$	[REDACTED]
[REDACTED]	\$	[REDACTED]
[REDACTED]	\$	[REDACTED]
[REDACTED]	\$	[REDACTED]

TOTAL DEBTS [REDACTED] \$0.00

HOW ARE YOU PAYING BILLS, BUYING NECESSITIES, ETC (BE SPECIFIC PLEASE):

[REDACTED]

PRESENT OFFENSE INFORMATION:

CURRENT CHARGES:

DATE OF OFFENSE: **PLACE OF OFFENSE:**

PROSECUTING OFFICER:

ARE YOU PRESENTLY IN JAIL? YES NO

IF SO, WHY?

WHAT IS THE AMOUNT OF BOND? **WHO SET THE BOND?**

WILL YOU OR SOMEONE ELSE BE ABLE TO POST YOUR BOND? YES NO

IF SOMEONE ELSE, WHO? **RELATIONSHIP?**

WAS BAIL/BOND POSTED? YES NO

IF YES, ANSWER THE FOLLOWING

BAIL WAS PAID BY **RELATIONSHIP TO YOU?**

IN THE AMOUNT OF CASH PROPERTY

HAVE YOU HAD AN ATTORNEY AT ALL DURING THIS CASE? YES NO

IF SO, ATTORNEY'S NAME:

LIST ALL POTENTIAL WITNESSES: (NAME, ADDRESS, PHONE# OF ANY PERSON HAVING KNOWLEDGE OF YOUR ACTIONS AND/OR WHEREABOUTS DURING THE PERIOD)

TELL US YOUR SIDE OF THE STORY, WHAT YOU KNOW ABOUT THE CHARGE AGAINST YOU.

DID YOU GIVE AN ORAL OR WRITTEN CONFESSION TO ANYONE? YES NO

IF YES, TO WHO?

YOU WERE IDENTIFIED, THAT'S WHY YOU ARE BEING CHARGED. HOW AND BY WHOM WERE YOU IDENTIFIED?

DID YOU SIGN ANY STATEMENTS? YES NO

DID YOU HAVE A PRELIMINARY HEARING? YES NO **IF SO, WHEN?**

CRIMINAL HISTORY:

JUVENILE RECORD:

DATE	COUNTY	OFFENSE	SENTENCE

ADULT RECORD:

DATE	COUNTY	OFFENSE	SENTENCE

ARE THERE ANY OTHER CASES IN COURT RIGHT NOW? YES NO

IF SO, WHAT AND WHERE?

ARE YOU PRESENTLY ON PROBATION/PAROLE? YES NO

IF YES, WHAT COUNTY?

YOUR PROBATION/PAROLE OFFICER'S NAME:

BY WHOM AND WHEN WERE YOU SENTENCED:

HAS THIS OFFICE REPRESENTED YOU IN THE PAST? YES NO

IF YES, WHEN?

WHAT WERE THE CHARGES?

DOMESTIC CONTEMPT CHARGE:

IF YOU ARE SEEKING COUNSEL FOR A DOMESTIC CONTEMPT CHARGE, COMPLETE THE FOLLOWING:

HAVE YOU HAD A CONTEMPT HEARING BEFORE THE DOMESTIC RELATIONS HEARING OFFICER?

YES NO IF YES, WHEN WAS THE HEARING?

IS A COMPLIANCE HEARING SCHEDULED BEFORE A JUDGE? YES NO

IF YES, WHEN IS THE HEARING SCHEDULED?

IF YOU HAVE TITLE IV-D/SUPPORT COUNSEL, WHO IS YOUR ATTORNEY?

COMMONWEALTH OF PENNSYLVANIA

Potter County Public Defender

SS

The undersigned, being duly sworn according to law, upon (his)(her) oath deposes and says:

1. I am the petitioner in the above entitled action.
2. I have read the foregoing petition and know the contents thereof and the same are true to my knowledge, except as to matters therein stated to be alleged as to persons other than myself, and, as to those matters I believe it to be true.
3. This affidavit is made to inform the Court as to my status of indigency and to induce the court to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine of not more than \$3,000.00 or imprisonment for not more than seven years or both.



Signature of Applicant

WHEREFORE, the Petitioner prays:

That the Public Defender of POTTER COUNTY, Pennsylvania represents me in the above criminal case without fee or costs to me as defendant. If I should become employed or my financial situation changes at any time prior to my trial, I am aware that I must notify the Public Defender's Office as to such change.

I am willing to accept the services of any lawyer in the Public Defender's Office who is assigned to handle my case.

I understand that any person making affidavits or false statements to secure counsel and services under the provisions of the Public Defender Act may be subjected to the penalties prescribed by law for perjury and false swearing as provided in Title 18, Pennsylvania Consolidated Statutes, Section 4902, et seq.



Signature of Applicant

DATE: _____