

OFFICE OF THE PUBLIC DEFENDER OF JEFFERSON COUNTY, PENNSYLVANIA

Jefferson County Courthouse, 200 Main Street, Brookville, PA 15825 814-849-1520 (Phone) Email: pd@jeffersoncountypa.gov

*** Open Monday-Friday from 8:30 am to 4:30 pm ***

APPLICATION FOR LEGAL REPRESENTATION

Please <u>print</u> your answers to all questions clearly and legibly. If your writing is so bad that we cannot understand it, your application WILL be denied!

Name:	_ (First)	(Middle)			(Last)
Birthdate:	(M)ale or (I	F)emale:	Telephone Nu	mber:	
Social Security Nur	mber:		Email Address	s:	
Marital Status (circ	cle one): Single	Married Sep	arated Divorced	d Widow(e	er)
Home Address:					
Str	eet	C	City	State	Zip
Are you in jail/pris	on now?	Date	you were jailed:		
If you are presently	y incarcerated, wh	nich jail or prise	on are you at no	w?	
Are you presently of	on state parole or	on county prob	oation?		
If yes, list each cou	inty you report to	:			_
Are you presently j	ailed because you	ı allegedly viol	ated parole or p	robation? _	
I require legal repre	esentation for the	following mat	ter(s): (check all	l that apply)
☐ New Criminal C	Charge □ Par	ole/Probation	Violation	□ PFA Vi	olation
□ Criminal Contempt [Failure to Pay] □ Other:					
What crime(s) are	you charged with	:			
List anyone else you believe was arrested or charged along with you:					

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Did you give the police	a written or oral confession?	
Have you already had yo	our preliminary hearing?	
If you've not already had	l your preliminary hearing, w	here will it be held: (circle one):
Punxsutawney (Mizeroc	k) Brookville (Bazylak)	Reynoldsville (Inzana)
of your recollection. Me eventually disclose your	ark juvenile offenses with a multi-state rap sheet to us a	r state, please list them here to the best "J". Please be honest as the DA will anyway. If we know the extent of your ch earlier during the course of this case.
		resented you <i>in the matter you are now</i> esented you:
	Additional Contact In	formation
residence who will alwa	ys know how to reach you in c lternate contact information,	er(s) of at least one person with a stable ase you move, lose your cell phone, etc. you do consent to this office contacting
		on may help to avoid a warrant for your didn't know about because you moved!
Name	Address	Phone
Name	Address	Phone

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Financial and Assets

<u>VEHICLES</u>: List all vehicles where your name is on the title, either by yourself or with others. The term "vehicles" includes cars, trucks, ATVs, motorcycles, snowmobiles, airplanes and boats. List the year, make/model where indicated. If you own the vehicle jointly with another person, list his or her name and relationship to you. If you still owe money on the vehicle, please provide the approximate payoff amount. *DO NOT LEAVE ANY SECTION BLANK!*

Year	Make and Model	Joint Owner Info	Money still owed (\$)	
 Year	Make and Model	Joint Owner Info	Money still owed (\$)	
Year	Make and Model	Joint Owner Info	Money still owed (\$)	
Year	Make and Model	Joint Owner Info	Money still owed (\$)	
in this name(please	s state or any other? If (s) of any other persons e provide the approxima		of the property as well as the d. If the property is mortgaged,	
Addres	S	Joint Owner Info	Money still owed (\$)	
Addres	s	Joint Owner Info	Money still owed (\$)	
accou accou currer and th	nt? The term "deposit a nts, IRAs, brokerage ac ncies, Paypal or Venmo e approximate current ba	account" includes, but is not lincounts, certificates of deposit (account balances, etc. If so, ple	with any other person, a deposit mited to, savings and checking CDs), pension accounts, digital ase provide the type of accounts jointly own the account, please	
Accour	nt Description/Type	Joint Owner Info	Approximate Balance (\$)	
Accour	nt Description/Type	Joint Owner Info	Approximate Balance (\$)	
Accour	nt Description/Type	Joint Owner Info	Approximate Balance (\$)	
Account Description/Type		Joint Owner Info	Approximate Balance (\$)	

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YOUR JOB:	Curre	nt or most recent employer:
	What	is your most recent hourly wage or monthly salary?
	Do yo	u still work there?
	If not,	when and why did you stop working there?
	-	worked anywhere else in the last year, what was your wage/salary and id you stop working there?:
SPOUSE'S JO	OB:	If you're married and if your spouse works, what is his/her hourly wage or monthly salary?
OTHER INCO	OME:	If you receive any other income (such as Social Security, Cash Assistance, pension or annuity distribution, other retirement benefits, worker's compensation, unemployment compensation, or child support, please indicate the total monthly amount here: \$
stubs fro	m you	nd your spouse (if applicable) you <u>must</u> include copies of pay r last 6 weeks of employment OR copies of the most recent Wform(s) you filed with last year's state or federal income tax
For "Oth each mo		me" (above) you must include proof of the amount you receive
Your app	olicatio	n will not be processed if this information is missing!
INCOME OF WRITTEN S	R BENE TATEI	IF YOU HAVE NO JOB, HAVE NO ASSETS AND RECEIVE NO EFITS FROM ANY SOURCE, YOU MUST PROVIDE US WITH A MENT DESCRIBING HOW YOU SURVIVE WITH NO OBVIOUS PPORTING YOURSELF. A SIMPLE EXPLANATION WILL
Were you clai	med as	a dependent on any person's federal income tax return last year?
		a copy of that person's federal income tax return for the last year. Note e signed by the person(s) who filed the return.
How many pe	ople re	side with you at home?
Please list the	ir name	es and their relationship to you:
•		rou just named is your child, please list the monthly amount of any eives (Social Security benefits, trust distribution, etc): \$

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Note that the information you provided will be matched against both the poverty income guidelines published from time to time by the federal government AND against the prevailing Chapter 7 federal Bankruptcy Code's asset exemption amounts for real estate, vehicles, jewelry, household items and tools of trade as applied in Pennsylvania. Your application will be denied if you and your family income exceeds 100% of the poverty income guidelines OR if the net asset values of you or your family exceed that which you may protect through a Chapter 7 bankruptcy by more than \$2,500.00.

Acceptance of Reduced Income Representation Program Fee If I'm Not Eligible for Free Representation

The Jefferson County Commissioners the Reduced Income Representation income or assets that exceed our appr 25%. For a one-time assessment of \$40 public defender representation on all of appearance is filed at the conclusi NOT need to be paid in advance and with be paid over time after the case concluded in the event my income/assets exceeded and the event my incom	program for those persons with oval guidelines by not more than 0, such persons will be assigned current case(s) until a withdrawal on of each case. The \$400 does ill be assessed as a cost that may udes. seed Jefferson County's public of the gram. If I qualify for this program,
than one of my pending case(s):	e assessed as a cost to not more
Signature	 Date

If you have intentionally quit your job, transferred assets to another person within six (6) months of your application date, or if you pledged assets as security for a loan for the purpose of qualifying for representation, your application will be denied.

If your application is denied, you have the right to appeal our decision by writing to the Jefferson County Court Administrator (200 Main Street, Brookville, PA 15825) with the reasons you feel our decision is in error. The Court Administrator will accept your written appeal and schedule a hearing before the President Judge.

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Verification and Acceptance of Additional Terms

I verify that my statements and answers included in the foregoing Application for Legal Representation (and any written explanation I submit with the same), are true and correct to the best of my knowledge, information and belief. I further understand that these statements and answers are made subject to the penalties provided at 18 Pa.C.S.A. §4904 relating to Unsworn Falsification to Authorities.

I understand that I am required to notify the Office of the Public Defender of Jefferson County of any change in: (1) my income or that of any member of my household; and (2) my telephone number or address within 48 hours of that change. I further understand that my failure to report income changes to that office, in writing, may result in the termination of my legal representation and/or civil or criminal actions against me to recover the reasonable value of attorney fees extended on my behalf and/or the costs of investigators, expert witnesses and court fees relating to my case.

I further understand that the Office of the Public Defender of Jefferson County may ask third parties about various financial and residential information I have provided in this application, and my signature below authorizes that office to do so whenever it deems the same to be warranted.

I further acknowledge that I have reviewed, understand and accept all additional terms and conditions relating to representation by the Office of the Public Defender of Jefferson County that are set forth in the Instructions and Additional Terms pages I received with this application.

Failure to sign	and date this page will result in the automatic denial of this application.
Date	Signature

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Instructions and Additional Terms

This document includes important and helpful information relating to legal representation by the Jefferson County Office of the Public Defender. You may keep or discard these pages, but do not return them with your application!

The Application Itself

- 1. Answer all questions asked and leave no areas blank.
- 2. Attach proof of your income. (if you are in jail, have someone else get this information to our office). If you have no income or assets, be sure to attach a written explanation describing how you eat, sleep and live with no means of support.
- 3. If possible, attach a copy of your criminal complaint or other paperwork that shows us what you are charged with and the circumstances of that incident. We may not have access to the details of your charges at the time you apply.
- 5. Be sure to sign and date the last page of the application.
- 6. Applications must be received at the Public Defender Office not less than five (5) business days prior to your scheduled court appearance. "Late" applications are still processed for approval, but may enter your case at a point beyond your next scheduled court event.

You may submit your completed application and any supplemental documents to the Public Defender Office in any of the following ways: by depositing the same into the gray drop box in the entry lobby at the Jefferson County Courthouse (ask the on-duty deputy sheriff if you cannot locate the box); by mail addressed to the address at the top of the application; or by scanning to our email address: pd@jeffersoncountypa.com.

Eligibility Determination

- 1. In order to receive the legal services offered by this Office you must meet certain eligibility requirements relating to household income and assets. These requirements are based on federal income guidelines and US Bankruptcy Court exemptions. Mere difficulty in hiring your own attorney does NOT grant you the right to a free attorney, nor does the fact you are presently in jail.
- 2. It is your responsibility to ensure that this application is complete and accurate; this office is not responsible for providing legal counsel at any stage of your criminal proceeding until your application is complete and you have received a letter confirming you have been assigned an attorney.
- 3. If you wish to be considered for the Jefferson County Commissioners' Reduced Income Representation Program (in the event you do not qualify for free representation under our operating guidelines), be sure to sign and date where indicated on Page 5.

- 4. Pennsylvania's Public Defender Act does not provide for free criminal defense in all types of cases! In general, summary and traffic offenses are not covered by the Act unless they are filed in conjunction with other felony and misdemeanor charges. One exception to this rule relates to instances where the district judge feels he or she may place you in jail or on probation if you are found guilty. If you wish to be considered for representation in a case involving only summary or traffic offenses, please have the district judge who will hear your case sign a paper certifying that you may be jailed or placed on probation in the event of conviction, and submit that paper with your application.
- 5. If you receive additional criminal charges while you are actively represented by this office on an existing case you do NOT need to file an additional application for the new charge. You DO need to let us know of your new charges, however. No other office in the court system will tell us you have new charges that's on you.

Contacting Your Attorney

- 1. The Office of the Public Defender of Jefferson County has sole authority to assign an attorney to your case(s). You <u>DO NOT</u> have the right to an attorney of your choice, and you may be assigned one or more different attorneys at various stages of your case.
- 2. All contact with your attorney MUST take place through the Public Defender Office at the courthouse. The office contact information is as follows:

Phone: 814-849-1520

Email: pd@jeffersoncountypa.gov

Mail: Jefferson County Public Defender, 200 Main Street, Brookville, PA 15825

DO NOT CONTACT OR VISIT YOUR ATTORNEY AT HIS OR HER HOME OR PRIVATE OFFICE REGARDING YOUR CASE, AND DO NOT ASK OR PERMIT YOUR FAMILY, FRIENDS AND OTHER INTERESTED PERSONS TO DO SO EITHER!

The Public Defender Office hours are 8:30 am - 4:30 pm, Monday through Friday. If you call at any other time just leave a message and someone will get back to you the following business day.

- 3. This office is not permitted to accept collect telephone calls from any prison facility. We will refuse all collect telephone calls.
- 4. Any communications between yourself and your attorney may not be disclosed to any other person without your consent. The purpose of this rule is to encourage open communications between you and your attorney. With this rule in mind, the staff of this office will not discuss your case with any person unless you have first provided this office with your written authorization to do so. Your authorization must include the full name of the person you authorize your attorney to speak with, along with any limits

you wish to impose on those communications. This rule is for your protection and will not be waived under any circumstances. Also note that your authorization for us to release information to others does not require that we do so, only that we may if your attorney feels it will further your interests.

Continuances and Case Delays

- 1. There are various rules of criminal procedure which deal with time frames during which the Commonwealth is required to bring your matter to trial. Failure of the Commonwealth to do so may be grounds for securing your release from prison or even the dismissal of the charges against you. By signing the Public Defender application, you are authorizing the Office of the Public Defender of Jefferson County to extend those time constraints by filing continuances from time to time. Your assigned attorney has authority to request a continuance at any stage of your proceeding and for any reason he or she deems proper, though we are always mindful of your speedy trial rights and will do our best to see that they are preserved. Normally, continuances are requested because of time limits on our attorneys' calendars, to secure medical, mental health or other records you have authorized us to receive, to continue negotiations with the Commonwealth in order to seek a reduction in your charges or the punishment contemplated for the same, or for tactical purposes which are deemed to be in your best interests. If you are currently incarcerated we will make every effort to see that your case is given priority over non-incarceration cases with respect to progress through the court system so that you do not remain jailed longer than necessary. Frequently, we can secure your release through bail reduction or furlough if we anticipate that your case will need to be continued more than one or two times - please consult with your attorney about the viability of these options. Note that you are not required to be notified or to consent to our filing of continuances. Your attorney will be happy to discuss with you his or her reasons for filing a particular continuance.
- 2. If you are incarcerated on a parole or probation violation relating to new criminal charges, be aware that the Court may detain you until those new charges are fully prosecuted to conviction, a plea of guilty or acquittal. There is no right to post bail and to be released if detained on a parole or probation violation.

Additional Information for Applicants, Clients and their Families

1. It is the intent of the Jefferson County Commissioners that the Jefferson County Public Defender will create and maintain a web page within the county's master website. This office will begin adding information to that page which we believe will assist clients and their family members with answers to common questions and concerns. It is our hope that applicants, clients and concerned family members will find this information helpful and informative. The web address for our page is:

http://www.jeffersoncountypa.gov/departments/public-defender