# **Application for Legal Representation**



Office of the Public Defender of Jefferson County, Pennsylvania Jefferson County Courthouse, 200 Main Street, Room 100 Brookville, PA 15825 (814)-849-1520 (P) -- (814)-849-1519 (Fax)

In order to receive the legal services offered by this Office you must meet certain eligibility requirements relating to household income and assets. 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; we strictly follow an income/asset guideline in order to determine your eligibility. In addition to financial disclosures, you must supply other information that is necessary to determine whether you qualify for no-cost legal services. Failure to complete ANY portion of this application or failure to provide documentation where requested will result in your application being returned to you. If your application is returned for completion you must understand that you have NOT been approved by this office, and no attorney will represent you until you are approved. 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, has been formally approved by this office and you have received a letter confirming you have been assigned an attorney.

#### **NEW - PLEASE READ CAREFULLY!!!**

Please be advised that, effective immediately, the Jefferson County Commissioners have directed that an application fee of \$250.00 be assessed with each application. Each application may request legal representation for as many cases and proceedings as are pending against you (in other words multiple charges filed, probation violations, contempt of court, etc.), and only one fee will be assessed. Once your matter(s) are complete and the Court has allowed your attorney to withdraw from your case(s), any new application you submit to this Office will require another application fee.

Please note that the application fee is waived for those applicants whose income falls below the Poverty Income Guidelines covering Jefferson County, Pennsylvania, as periodically published by the federal government, and whose assets do not exceed the Chapter 7 personal bankruptcy exemption amounts, as modified from time to time by the US Congress.

Please submit your application to the Office of the Public Defender WITHOUT the application fee. Following our customary review, you will be advised whether you have been approved for immediate representation or whether your approval is conditioned upon payment of the application fee. If required, you must pay the \$250.00 application fee to the Jefferson County Treasurer at Jefferson Place, 151 Main Street, 2nd Floor, Brookville, PA 15825. For your convenience, the Treasurer can accept payment by cash, check, money order or credit card. Once you have paid the application fee you should give a copy of your receipt to this Office for final approval. Remember, you do not have an attorney from this Office until you receive a final approval letter!

You need to pay particular attention to each question in this application; some will require short answers while others may require a more lengthy response. In the event your response will exceed the amount of space available you should attach and sign a separate sheet for your answer and indicate which question it applies to. Where a question does not apply to you please do not leave the response area blank; instead insert "None" or "Not applicable" as the case may be.

Where a specific question asks that you provide supporting documentation, you <u>must</u> provide us with a <u>copy</u> of that documentation along with your application. Copies of tax returns must be <u>signed by the person(s)</u> who filed them or otherwise marked by the tax preparer. Do not send original documents as they will not be returned to you.

By signing and submitting this application you are authorizing our office staff to contact: your past or present employers; federal, state or local taxing authorities; the Social Security Administration; Department of Public Welfare; county domestic relations offices; and any other third party information source to verify the accuracy of your information. You agree that a photocopy of your signed application shall act as a full and complete release and authorization for this office to request any such records or other documentation from any third party, including those specifically mentioned herein as long as the photocopy of this application contains an original dated signature of an attorney who is a member of the Public Defender staff. While this office will not disclose any specific facts or charges relating to your case to any third party whom we contact for income and asset verification, you do understand and agree that our verification requests will be initiated under the name of the Office of the Public Defender of Jefferson County, Pennsylvania, and that this process will, by implication, disclose the fact that criminal charges of some type are pending against you or a member of your family.

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 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 points during your case.

You are also advised that your contact with this office shall take place in one of three ways, all of which must be directed to the Office of the Public Defender ONLY and at the address set forth at the top of this application: (1) face-to-face meetings 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 our office for you and we will 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 a prison, prison visitation, 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 applications, the Orange Crew or any other matter not directly relating to your criminal case.

In the event you are charged with a new offense while currently being represented by this office (including new parole/probation violations), you MUST submit a new application for the additional criminal matter (a new application fee will not be required in this situation). Please note that thirty (30) days after you have been sentenced or have had parole or probation revoked this office will no longer represent you (excepting authorized appeals). Should you require additional assistance with any matter thirty days or more after it has closed you will be required to submit a new application and, possibly, a new application fee.

You should also know that the attorneys who staff this office are bound by very strict codes of ethical conduct, including rules relating to confidentiality of information. This means that any communications that take place between yourself and your attorney may not be disclosed to any other persons without your consent. The purpose of this rule is to encourage open communications between yourself 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. Note that your authorization must include the full name of the person you authorize your attorney to speak with, along with any limitations you wish to impose on those communications. This rule is for your protection and will not be waived under any circumstances.

Finally you should know that 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 this agreement 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.

ALL APPLICATIONS MUST ARRIVE AT THIS OFFICE AT LEAST FIVE (5) BUSINESS DAYS BEFORE YOUR SCHEDULED COURT PROCEEDING. APPLICATIONS RECEIVED WITHIN THAT FIVE (5) DAY PERIOD WILL NOT BE CONSIDERED "ON TIME" AND YOU WILL HAVE TO ATTEND THAT PROCEEDING ON YOUR OWN. YOUR APPLICATION WILL STILL BE REVIEWED, HOWEVER, AND IF YOU ARE ELIGIBLE YOU WILL RECEIVE REPRESENTATION FOR THE DURATION OF YOUR CASE FOLLOWING APPROVAL AND PROOF OF PAYMENT OF ANY APPLICATION FEE REQUIRED.

SHOULD YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION OR ANY OF THE WORDS CONTAINED IN IT YOU SHOULD CONTACT THE OFFICE OF THE PUBLIC DEFENDER OF JEFFERSON COUNTY AT ONCE. STAFF PERSONNEL WILL BE HAPPY TO ASSIST YOU WITH ANY QUESTIONS THAT YOU MAY HAVE.

BY SIGNING BELOW YOU AFFIRM THAT YOU HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS APPLICATION AND OF THE CONDITIONS OF OUR REPRESENTATION OF CLIENTS. YOU FURTHER AGREE THAT THIS OFFICE MAY CONTACT SUCH THIRD PARTIES AS WE DEEM APPROPRIATE TO VERIFY THE INFORMATION YOU PROVIDE TO US. YOU ALSO AGREE THAT AN ORIGINAL COUNTER-SIGNED AND DATED COPY OF THIS APPLICATION SHALL SERVE AS AN AUTHORIZATION AND RELEASE FOR US TO OBTAIN THIRD PARTY INFORMATION RELATING TO YOUR FINANCIAL CONDITION FROM SUCH THIRD PARTIES AS ARE LISTED ON THE PREVIOUS PAGE.

NOTE ALSO THAT IF YOU ARE **ONLY** CHARGED WITH A <u>SUMMARY</u> OFFENSE(S), YOU MUST INCLUDE A WRITTEN STATEMENT (FROM THE DISTRICT JUSTICE WHO WILL BE HEARING YOUR CASE, (A FORM STATEMENT IS ATTACHED TO THIS APPLICATION) WHICH STATES THERE IS A LIKELIHOOD YOU WILL BE IMPRISONED OR PLACED ON PROBATION IF CONVICTED. FAILURE TO INCLUDE THIS FORM FOR SUMMARY CASES ONLY WILL RESULT IN THE REJECTION OF YOUR APPLICATION.

Date	Name	

Please complete the following in full. Leave no response area blank, but insert "None" or "N/A" in those areas that do not apply to you. **Failure to fully complete this section will result in your application being returned to you unprocessed**. Include additional sheets if your answers will not fit in the space provided.

Name:	(First)	(Middle)	(Last)
Birthdate: _			Number:
Social Security	Number:		
Marital Status (	circle one): Singl	e Married Separated Divorc	eed Widow(er)
	Street aow?	City State Date you were place	Zip ed in jail:
Which Prison a	e you in now?		
Bail Amount Se	t:		
If you have pos	ted bail, how was th	ais done? (cash, bail bond, rea	l estate)
I require legal re	epresentation for the	e following type of proceeding	g:
	riminal Charge	Parole/Probation Re	evocation Other
		h?	
		Name of District Ju	
Date your crime	e is alleged to have	occurred:	
Who arrested ye	ou?		
Did you give th	e police a written o	r oral confession?	
Where did the o	rime allegedly occi	ur?	
		persons who you believe wer	re charged along with you for this

Do you have any prior criminal convictions/pleas of guilty (adult or juvenile) in Pennsylvania or any other state?
If so, please list them ALL below. Mark juvenile convictions with a "J". Please be honest as this information will be disclosed to us eventually anyway, and we can more accurately determine what course of conduct to take in your case if we have accurate information from the beginning!
At any time prior to this date, has any attorney represented you in this matter, no matter the proceeding or length of time he or she represented you?
If your answer to the preceding question is "Yes", please provide the name and address of the attorney who earlier represented you as well as the reason(s) he or she is no longer handling your case. If the attorney filed a motion to withdraw from your case, please attach a copy of the same or provide us with a case number where we may locate the document in the courthouse records.
Please provide the <u>name</u> , <u>address</u> and <u>phone number</u> of someone who will always know where you are. Also provide the <u>RELATIONSHIP</u> , if any, between yourself and this person. Make sure you complete this section fully because if we cannot locate you for any reason, the DA may ask that the court issue a warrant for your arrest, revoke your bail, etc.
FINANCIAL DISCLOSURE
Please list the year, make and model of all vehicle(s) you own or that has your name on its title Include not only trucks and automobiles, but four-wheelers, motorcycles, boats and othe transportation as well. Where you own the vehicle jointly with another person, list his or he name and relationship to you. If money is owed on the vehicle, please provide the name of the lender, the dollar amount of the lender's lien, and the date of the loan in question.

provide the address of the property	ANY real estate located in or outside Pennsylvania? If so, please operty as well as the name(s) of any other persons who are included is mortgaged, please provide the name of the lender, the amount of imate date the mortgage was signed.
accounts) you hold, either of	ecking, savings, mutual funds, certificates of deposit, IRAs, pension n your own or jointly with another. Include the name and address of a holding your funds, the present balance of each such account, the count, and the names and addresses of any persons who are named as with you.
Employer Address: Hourly Rate:	oyment? Telephone: Year to Date Gross Income: Last Day Worked:  the past 12 months (provide same information as for last job):
Hourly Rate:	Spouse employer: Year to Date Gross Income: ne past 12 months (provide same information as for last job):
YEAR FOR BOTH YOUR: Other income you receive: source of this income, i.e. s unemployment compensation Were you claimed as a dependent of the source of the s	STUBS FOR LAST 6 WEEKS OR YOUR FORM W-2 FROM LAST SELF AND YOUR SPOUSE)  (State how often you receive this amount and provide the ocial security, DPW cash assistance, pension, worker's compensation, on, child support. Include proof of the amount you receive.)  endent on any person's federal income taxes last year?  of that person's federal income tax return for the last year. Note that the person(s) who filed the return.
How many people reside in	your home with you?

Please list their names and the	ir relationship to you:
incomes (include the source	e previous question, please provide us with their monthly gros of their income and the name of their employers) ONLY if their ne following: parent, brother or sister, child, spouse, fiancee, natural

PLEASE PROVIDE US WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE AND A COPY OF THE CRIMINAL COMPLAINT IN YOUR MATTER IN ADDITION TO ANY OTHER INFORMATION REQUESTED ABOVE.

Note that your application information will be matched against income guidelines published from time to time by the federal government AND against the prevailing Chapter 7 federal bankruptcy 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 125% 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 OR if you are required to pay an application fee to Jefferson County and fail to do so. Note that if we determine that you have intentionally quit your job, transferred assets to another person or pledged assets as security for a loan for the purpose of qualifying for this office's services we will deny your application. In any denial situation you have the right to appeal our decision (in writing) to the Jefferson County Court Administrator (814-849-1631) at the Jefferson County Courthouse, 200 Main Street, Brookville, PA 15825. The Court Administrator will review your appeal and may schedule the same for a hearing before the President Judge.

Once you complete this application you should return it to the following address: Office of the Public Defender, Jefferson County Courthouse, 200 Main Street, Brookville, PA 15825. You may call our offices at (814)-849-1520 if you need assistance in completing this form. Office hours are Monday-Friday from 8:30 am through 4:30 pm. OFFICE VISITS ARE BY APPOINTMENT ONLY. NO EXCEPTIONS. DO NOT VISIT YOUR ATTORNEY'S PRIVATE OFFICE FOR ANY REASON WITHOUT FIRST GETTING PERMISSION TO DO SO FROM HIM OR HER - FAILURE TO ABIDE BY THIS INSTRUCTION MAY BE GROUNDS FOR FILING A MOTION TO WITHDRAW FROM YOUR CASE.

### Verification

I verify that my statements and answers included in the foregoing Application for Legal Representation 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 my income or that of any member of my household, my telephone number, address or other information contained in my application. I further understand that my failure to report such 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 attorney fees fraudulently extended on my behalf.

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.

Date	Signature

## Authorization to Attend Preliminary Hearing Via Video-Conference

You are advised that the Pennsylvania Rules of Criminal Procedure now authorize the defendant's attendance at certain court functions via video-conference. The preliminary hearing held before a District Justice is among the allowed court proceedings. Typically a defendant who is incarcerated in any state or county prison will incur assessment of substantial costs in order to be physically transferred from the prison to the hearing location. In the event of a subsequent plea or conviction of any crime, these costs are added to other fines, court costs and assessments imposed by the court.

If you choose, you may elect to attend your preliminary hearing via video-conferencing and thereby avoid the possible assessment of transportation costs. With video-conferencing you are still able to privately discuss your matter with the attorney, and you can see and hear all that takes place in the courtroom. If you are incarcerated and wish to attend your preliminary hearing via video-conference, you may sign below to indicate your acceptance of the same. Our office will make the necessary arrangments with the District Justice, if possible, and will advise you accordingly. Please note that by accepting attendance via video-conference, you authorize your

attorney to	sign and	accept,	on your	behalf,	paperw	ork that	you woul	d typical	ly sign	at the
preliminary		You w	ill be se	nt copie	s of all	paperwo	ork signed	for you	at that	court
proceeding.										

I have read and understood the foregoing information concerning attendance at preliminary hearing via video-conference, and I have elected to attend my preliminary hearing indirectly in that manner. I further authorize my attorney to sign, on my behalf, such waivers of preliminary hearing and arraignment, case tracking sheets, bail conditions and such other documents as may be necessary and in my best interests in order to allow my case to proceed in the manner it would if I were personally present.

documents as may be necessary an the manner it would if I were perso	id in my best interests in order to allow my case to proceed in nally present.
Date	Applicant Signature
Certification	for Summary Criminal Cases
The Defendant, offense and will face a summa Pa.R.Crim.P., the defendant (circle	, is presently charged with a summary criminal ry trial before this Court. For purposes of Rule 316(a), one):
WILL	WILL NOT
likely be imprisoned OR pla	aced on probation in the event of conviction.
	District Justice

#### BEFORE YOU SUBMIT THIS APPLICATION, DID YOU:

- 1. Answer all questions asked and leave no areas blank?
- 2. Attach proof of your income? (if you are in jail, have someone else fax this information to our office)
- 3. Attach a copy of your driver's license? (if you are in jail, have someone else fax this information to our office)
- 4. Attach a copy of your criminal complaint or other paperwork that shows us what you are charged with and the circumstances of that incident? (if you are in jail, have someone else fax this information to our office)
- 5. Did you sign and date the application in each location where we asked you to?
- 6. If you are incarcerated and wish to avoid sheriff transportation expenses and/or possible interruption of course or programs you are enrolled in at your prison, have you read, signed and dated the section authorizing your attendance at preliminary hearing via video-conference?
- 7. If you are ONLY charged with summary offenses (no felony or misdemeanor charges were filed against you), did you ask the District Justice who is handling your case to sign the final page of the application and indicate whether or not there is a likelihood he will place you in jail or on probation if he finds you guilty of the offense?
- 8. If you received a conditional approval letter from this Office, did you include your receipt given to you by the Treasurer after you paid your \$250.00 application fee? (you will NOT be approved for representation until the fee is paid, if you received a letter directing you to pay it).

Following submission of your application we will advise you, in writing, of the results of our review. You will be told of any additional steps you must take in order to finalize your legal representation in a letter from this Office.

Remember that by applying for representation by this Office, you agree that your preliminary hearing will be moved to a date selected by the District Justice for all hearings involving Public Defender clients. Typically each District Justice in Jefferson County sets aside one day during each calendar month for such preliminary hearings, and your hearing will be moved to the next available date on that District Justice's court calendar.