

APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

Commonwealth of Pennsylvania

No. _____

Vs.

OTN: _____

Magisterial District 25-3-0 _____

1. Name: _____ Age: _____

Address: _____

Telephone No.: _____

2. Charges: _____

Magisterial District where charges occurred:

Lock Haven

Mill Hall

Renovo

Other participants charged: _____

Previous charges and attorney who represented you:

3. Are you employed? _____ Gross pay per week: _____

Where? _____ Net pay per week: _____

If you are not working, when and where did you last work?

Gross pay per week: _____ Net pay per week: _____

4. Marital status: Single _____ Married _____ Divorced _____
Separated _____ Widowed _____

Is wife or husband employed? _____ Where: _____

Gross pay per week: _____ Net pay per week: _____

5. Do you, or if married, your wife or husband, have any money? Yes _____ No _____

If so, how much:

On your person: _____ In custody of Warden: _____

Checking Account: _____ Savings Account: _____

At home: _____ Elsewhere: _____

6. Do you, or if married, your wife or husband, collect any of the following, and if so, please list amount and the frequency that the income is received:

Public Assistance: _____

Unemployment Compensation: _____

Disability: _____

Social Security: _____

Alimony: _____

Interest Income: _____

Pension: _____

Support: _____

Stock Dividends: _____

Workers' Compensation: _____

Other: _____

7. Do you, or if married, your wife or husband, own any real estate? Yes _____ No _____

If so, please give address: _____

Fair Market Value: _____ Monthly Payment _____

Please list any mortgages, judgments, or liens and the amount:

8. Do you, or if married, your wife or husband, own an automobile? Yes _____ No _____

If yes:

(a)	(b)
Year & Make: _____	Year & Make: _____
Initial cost: _____	Initial cost: _____
Monthly payment: _____	Monthly payment: _____
Present balance: _____	Present balance: _____
Balance owed to: _____	Balance owed to: _____

9. Do you, or if married, your wife or husband, own any other property or other assets?

Yes _____ No _____

If so, describe:

10. Do you owe anyone any money? Yes _____ No _____

If yes: Who: _____

Amount: _____

11. Do you rent? Yes _____ No _____

Rent per month: _____ Landlord: _____

12. Do you live in someone else's home? Yes _____ No _____

Whose? _____

Room & board per month: _____

13. How many people do you support? _____

Names and ages:

14. Are you presently incarcerated on these charges? Yes _____ No _____

Amount of bail: _____

Type of bail, if posted: ROR: _____

Cash: _____

Property: _____

Surety of:

Surety Company:

Other: _____

15. Are you presently incarcerated for another reason? Yes _____ No _____

If yes, please state the reason and the name of any attorney who is representing you on this other matter or matters: _____

AFFIDAVIT

COURT OF COMMON PLEAS, CLINTON COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

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

1. I am the Petitioner in the foregoing entitled matter.
2. I have read the foregoing petition and understand 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, as to those matters, I believe them 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 criminal charges that have been made against me.
4. In making this Affidavit, I am aware that PERJURY is a felony of the third degree and that the punishment is a fine of not more than Three Thousand (\$3,000.00) Dollars or imprisonment of not more than seven (7) years or both.
5. I further authorize any person or agencies named in this application having information about my financial condition and health to release such information to the duly authorized official of the Court. This information may be used in advising the Court concerning my finances, income and health so that the Court may determine my eligibility for free counsel. In particular, I do authorize and empower the Internal Revenue Service, my employers, any banks, the Department of Public Welfare and/or the Social Security Administration to release any information pertaining to my health or financial situation.

FURTHERMORE, I agree to notify the Court WITHIN 48 HOURS, through the Office of the Court Administrator, of any IMPROVEMENT in my financial condition to hire counsel from the date of this application until the final disposition of my pending charges. I understand that such notification is a condition of the Court's appointment of a Public Defender to represent me.

Signature

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public/District Judge/Clerk of Courts

My Commission Expires: _____