



COUNTY OF ERIE

OFFICE OF THE PUBLIC DEFENDER

Brenton Davis,
County Executive

Nicole Sloane,
Public Defender

Our gross income guideline is provided below. Your family size is yourself, and any biological or legally adopted children under 18. Our office must adhere strictly to this guideline.

If you are above the gross income level (before taxes and other deductions) for your family size, or above our home equity or cash limit, you are not eligible. If you are not eligible, you can call Lawyer Referral Service at 814-459-4411, hire a private attorney, or represent yourself.

Family Size	Year	Hrly (20)	Hrly (32)	Hrly (40)	Week	Bi Weekly	Monthly
1	13590.00	13.07	8.17	6.53	261.35	522.69	1133.00
2	18310.00	17.61	11.00	8.80	352.12	704.23	1526.00
3	23030.00	22.14	13.84	11.07	442.88	885.77	1919.00
4	27750.00	26.68	16.67	13.34	533.65	1067.31	2313.00
5	32470.00	31.22	19.51	15.61	624.42	1248.85	2706.00
6	37190.00	35.76	22.35	17.88	715.19	1430.38	3099.00
7	41910.00	40.30	25.19	20.15	805.96	1611.92	3493.00
8	46630.00	44.84	28.02	22.42	896.73	1793.46	3886.00
Home Equity Over \$7500.00							
Cash/Bank Over \$5000.00							

With the original signed application please include the following:

- 1) A copy of your Criminal Complaint.
- 2) Proof of income (if you have income) including wages, pension, unemployment comp, Social Security, etc.
- 3) If you own property, we will need proof of your equity in that property.

If you have questions, please call (814)451-6322.

Please drop off, fax, email, or mail the completed application with above documents to:

**Erie County Public Defender's Office
210 East 2nd Street, Erie, PA 16507**

Fax: (814) 451-6513

Email: publicdefender@eriecountypa.gov

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED and WILL CAUSE DELAYS IN YOUR CASE!

COMPLETE BOTH SHEETS – FRONT AND BACK

**IN THE COURT OF COMMON PLEAS OF ERIE COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA

No. _____

vs.

Charge(s): _____

OTN: _____

APPLICATION FOR PUBLIC DEFENDER

I am a defendant alleging the above occurred on the ___ day of _____, 20___. I am unable to obtain counsel to defend me in this matter for the reason that (IN JAIL / NO MONEY). I swear that the answers to the following questions are true to the best of my information and belief under penalty of perjury.

Name _____ Nickname/Alias _____

Street Address _____ City/State _____ Zip _____

Mailing Address (If different than street address) _____ City/State _____ Zip _____

Total # children under age 18 (either your own biological or legally adopted): # of children _____

Names and ages: _____

Do you have custody? (circle one) \$ / Do you pay child support? (/) If Yes, Amount \$ _____

Do you have any money? (circle one) / If yes, how much in the Bank \$ _____ and/or at Home \$ _____

Do you own a vehicle? (circle one) / If yes, what Year/Make/Model _____

Do you still owe money for vehicle? / If yes, how much? \$ _____

Do you own real estate? (circle one) YES / NO If yes, what is address? _____

What is it worth? \$ _____ I owe \$ _____

Do you own any other property or other assets? (/) If so, describe it _____

Do you currently receive any of the following benefits (circle one) / if yes, provide your monthly income:

Social Security SSI/SSD \$ _____ Pension \$ _____

Unemployment Compensation \$ _____ Workmen's Compensation \$ _____

Are you employed now? (circle one) / Name of Employer _____ Telephone # _____

Hourly Rate \$ _____ Number of hours worked per week? _____ If jailed, is job being held? /

Previous employers _____

Signature required on back



I hereby verify the following:

1. I have read the foregoing and know the contents thereof and the same are true to my knowledge and I believe it to be true.
2. This verification is made to inform the Court as to my status of indigency and to request a court-appointed attorney.
3. In making this application and verification I am aware that perjury is a felony and is punishable by law.

WHEREFORE, I request assignment of counsel to represent me in the above-entitled criminal action without fee or cost to me.

X _____

**APPLICANT
SIGNATURE REQUIRED**

OFFICE USE ONLY

ELIGIBILITY VERIFICATION

AND NOW, this ____ day of _____, _____, I have verified the applicant's financial eligibility for court appointed counsel.

Representative
Erie County Public Defender Office

Attorney Assigned

PUBLIC DEFENDER CONFIDENTIAL CLIENT INTERVIEW FORM

DATE: ___/___/___ TIME: _____ INTERVIEWER: _____ ATTORNEY ASSIGNED: _____
CASE NO(s): _____ DOCKET NO: _____ OF _____ COMMON PLEAS JUDGE: _____

OFFICE USE ONLY

IN CUSTODY AT TIME OF APPLICATION (Y / N)

NAME _____ SEX: (M / F) SSN: _____ - _____ - _____ RACE: _____

AGE _____ DATE OF BIRTH _____ BIRTHPLACE: _____ WHERE RAISED: _____

ARE YOU A US CITIZEN? (Y / N) IF NOT, DO YOU HAVE IMMIGRATION STATUS (i.e. Green card, etc.)? _____

HOME/CELL PHONE _____ EMAIL: _____

(CIRCLE ONE) Married / Separated / Single / Significant Other NAME _____

SPOUSE / SIGNIFICANT OTHER PHONE _____ DOES HE/ SHE WORK? (Y / N) IF SO, WHERE? _____

WHO DO YOU LIVE WITH? _____ HOW LONG _____ PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

EDUCATION

READ/WRITE ENGLISH LANGUAGE? (Y / N) INTERPRETER NEEDED (Y / N) LANGUAGE _____

HS GRADUATE (Y / N) SCHOOL: _____ GED (Y / N) LEARNING DISABLED? (Y / N) _____

DROPOUT (Y / N) DURING WHAT GRADE? _____ WHY? _____

COLLEGE/VOC. TRAINING (Y / N) SCHOOL(S): _____ (Circle) CURRENT OR PAST?

MENTAL HEALTH, SUBSTANCE ABUSE, AND MEDICAL HISTORY:

ARE YOU DISABLED? (Y / N) IF YES, REASON FOR DISABILITY _____

CURRENT MENTAL HEALTH CONDITIONS: _____

CURRENT MEDICAL CONDITIONS: _____

LIST ALL PRESCRIBED MEDICATIONS: _____

DRUG / ALCOHOL ABUSE: (Y / N) STARTED: _____ ENDED: _____ DRUG /ALCOHOL OF CHOICE: _____

CURRENTLY IN DRUG/ALCOHOL TREATMENT? (Y / N) PAST D&A T/X? (Y / N) INPATIENT OR OUTPATIENT? _____

FACILITIES: _____

COMPLETED (Y/N)? IF NOT, WHY? _____

CURRENTLY SEEING A PSYCHIATRIST / THERAPIST? (Y / N) PAST PSYCHIATRIC TREATMENT? (Y / N)

LIST PSYCHIATRISTS/THERAPISTS: _____

ADDRESS: _____ PHONE: _____

DO YOU HAVE A BCM/MOBILE THERAPIST, CASEWORKER? (Y / N) IF YES, NAME: _____

ORGANIZATION: _____ PHONE: _____

MILITARY (Y / N)

BRANCH: _____ DATES ENLISTED: _____ - _____ DISCHARGE TYPE _____ RANK/JOB: _____

CHARGES

LIST CHARGES: _____

DISTRICT JUDGE: _____ HEARING DATE: ____/____/____ TIME: _____

CO-DEFENDANTS (IF ANY): _____

ALLEGED VICTIM (IF APPLICABLE): _____

BOND AMOUNT \$ _____ UNSECURED? (Y / N) VALID DRIVERS LICENSE? (Y / N) (DUI ONLY): BAC _____

YOUR WITNESSES:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

DID YOU GIVE A STATEMENT TO POLICE? (Y / N) WAS IT RECORDED? (Y / N / DON'T KNOW)

WHAT HAPPENED IN YOUR CASE? _____

PRIOR CRIMINAL CONVICTIONS:

**This information is for your Lawyer only and is very important to him/her – please be thorough and honest!*

DO YOU HAVE PRIOR CONVICTIONS AS JUVENILE **OR** ADULT (INCLUDES PLEAS) (Y / N) IF **YES**, COMPLETE SECTION BELOW:

CHARGE	STATE	YEAR	JUDGE	SENTENCE	PLEASE CIRCLE
					Juvenile / Adult
					Juvenile / Adult
					Juvenile / Adult
					Juvenile / Adult
					Juvenile / Adult
					Juvenile / Adult

HAVE YOU EVER BEEN IN THE ARD PROGRAM (Y / N) SUCCESSFULLY COMPLETED? (Y/N) YEAR _____

ARE YOU ON PROBATION OR PAROLE **RIGHT NOW**? (Y / N) FOR WHAT? _____

WHICH COUNTY/STATE: _____ PO'S NAME: _____

DO YOU HAVE TECHNICAL VIOLATIONS? (Y / N) IF YES, WHAT ARE THEY? _____

YEAR SENTENCED? _____ JUDGE: _____ MAX DATE: _____