



**COUNTY OF ERIE**  
OFFICE OF THE PUBLIC DEFENDER

**Brenton Davis,**  
County Executive

**Nicole Sloane Kondrlik,**  
Chief Public Defender

**Our gross income guideline is provided below.** Your family size includes yourself, and any minor children who are dependent on you for their care. Our office must adhere strictly to this guideline. Income level is based on annual earnings and does not include Social Security or child support payments.

If you are above the **gross income level** (before taxes and other deductions) for your family size, or above our 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	Yearly Income (125% of poverty level)	Hourly (20 hrs)	Hourly (32 hrs)	Hourly (40 hrs)	Weekly Income	Bi-weekly Income	Monthly Income
1	\$18,225.00	\$17.52	\$10.95	\$8.76	\$350.48	\$700.96	\$1,518.75
2	\$24,650.00	\$23.70	\$14.81	\$11.85	\$474.04	\$948.08	\$2,054.17
3	\$31,075.00	\$29.88	\$18.67	\$14.94	\$597.60	\$1,195.19	\$2,589.58
4	\$37,500.00	\$36.06	\$22.54	\$18.03	\$721.15	\$1,442.31	\$3,125.00
5	\$43,925.00	\$42.24	\$26.40	\$21.12	\$844.71	\$1,689.42	\$3,660.42
6	\$50,350.00	\$48.41	\$30.26	\$24.21	\$968.27	\$1,936.54	\$4,195.83
7	\$56,775.00	\$54.59	\$34.12	\$27.30	\$1,091.83	\$2,183.65	\$4,731.25
8	\$63,200.00	\$60.77	\$37.98	\$30.38	\$1,215.38	\$2,430.77	\$5,266.67
Cash/Bank Assets over \$5000							

**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 compensation, etc.

**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 2<sup>nd</sup> Street, Erie, PA 16507**  
**Fax: (814) 451-6513**  
**Email: [publicdefender@eriecountypa.gov](mailto: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: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED BEFORE A PUBLIC DEFENDER WILL BE APPOINTED**

**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**) YES / NO Do you pay child support? (YES / NO) If Yes, Amount \$ \_\_\_\_\_

Do you have any money? (circle one) YES / NO If yes, how much in the Bank \$ \_\_\_\_\_ and/or at Home \$ \_\_\_\_\_

Do you own a vehicle? (circle one) YES / NO If yes, what Year/Make/Model \_\_\_\_\_

Do you still owe money for vehicle? YES / NO 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? (YES / NO) If so, describe it \_\_\_\_\_

Do you currently receive any of the following benefits (**circle one**) YES / NO **if yes, provide your monthly income:**

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

Unemployment Compensation \$ \_\_\_\_\_ Workmen's Compensation \$ \_\_\_\_\_

Are you employed now? (circle one) YES / NO Name of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Number of hours worked per week? \_\_\_\_\_ If jailed, is job being held? Yes / No

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

**ALL QUESTIONS MUST BE ANSWERED BEFORE A PUBLIC DEFENDER WILL BE APPOINTED**

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

**THIS BOX - 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) IF YES, WHAT 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:**

**DO YOU HAVE PRIOR CONVICTIONS AS JUVENILE OR ADULT IN PENNSYLVANIA AND/OR ANY OTHER STATE? ( 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: \_\_\_\_\_