



COUNTY OF BEDFORD

OFFICE OF THE PUBLIC DEFENDER

200 South Juliana Street, Bedford, Pennsylvania 15522

Telephone: (814) 623-8606 Fax: (814) 623-7679

Emails: klasalle@bedfordcountypa.org • ameans@bedfordcountypa.org

POLICIES RELATED TO APPLICATIONS AND REPRESENTATION.

- Applications must be completed in full and must include all required financial documentation, or the application will be denied. You must answer EVERY question. Simply writing N/A across the page or crossing out portions of the application is not acceptable. It is your responsibility alone to ensure that all necessary information is provided. Each application MUST include the following:
 - a. current paystub;**
 - b. current bank statement;**
 - c. your spouse's current paystub;**
 - d. your Social Security /SSI/SSD statement, unemployment statement and/or your pension statement;**
 - e. your spouses' Social Security/SSI/SSD statement, unemployment statement and/or pension statement;**
 - f. if you have no income at all, a signed statement from the person(s) supporting you;**
 - g. proof of child support payments or child support received; and**
 - h. proof of monthly mortgage payment or monthly rent payment.**
- Applications for those that are not incarcerated must be received no later than SEVEN (7) business days PRIOR to your scheduled proceedings, or you WILL NOT receive counsel for your proceeding.
- Applications for those that are incarcerated must be received no later than THREE (3) business days PRIOR to your scheduled proceedings, or you WILL NOT receive counsel for your proceeding. Those that are incarcerated may not be required to provide requested financial documentation due to the inability to access it. However, the application must, nonetheless, be completed in full. If you are released from incarceration while your matter is still pending, you MUST complete a new application and provide the required financial documentation.
- If your financial circumstances change in any manner, you must update our office and complete a new application with the required financial documentation.
- You must complete a new application for every new case and revocation that you receive. Do not assume that you will be provided services.
- Unless you have a pending appeal, your representation by the Bedford County Public Defender's Office ends thirty-one (31) days following your sentencing and/or revocation of supervision.
- Until such time as you have submitted an application which has also been approved, the Bedford County Public Defender's Office does not consider you a client and will not discuss legal matters with you.
- If you are accepted as a client, the Bedford County Public Defender's Office will only discuss your legal matters with you. Do not speak to anyone regarding your case without your attorney present. Do not discuss your legal matters with family and/or friends as to avoid them potentially being forced to testify as to any statements regarding your legal matters that you may have made to them.
- If you are accepted as a client, it is solely your responsibility to ensure that the Bedford County Public Defender's Office has all of your current contact information. You are solely responsible for providing any updated information.



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Application for Public Defender

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APPLICANT:

Name: _____

Address: _____

****For those that are incarcerated, please provide an address that may be used once you are released.****

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

****Please make sure you have a working telephone number with which to reach you and that voicemail is set up and operable.****

Email Address: _____ **Age:** _____ **DOB:** _____

FOR THOSE INCARCERATED ONLY:

Name of Facility: _____ **Inmate Number:** _____

Facility Address: _____

Are you a citizen of the United States? Yes No

If no, of what country are you a citizen? _____

Do you require an interpreter? Yes No

If yes, what language do you speak? _____

Marital Status (check one): **Single** **Married** **Divorced** **Separated**

LIST ALL PERSONS WHO LIVE WITH YOU AND THEIR RELATIONSHIP TO YOU:

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment (circle one): Yes No

Employer: _____

Employer's Address: _____

Employer's telephone number: _____

Wage per hour: \$_____ hours per week If salary, GROSS salary per WEEK:\$_____

If married, spouse's GROSS wages per MONTH: \$_____

IF UNEMPLOYED: Unemployment per WEEK: \$_____ SSI per MONTH: \$_____

SSD per MONTH: \$_____ Workmen's Compensation per WEEK: \$_____

VA Pension/Benefits per MONTH: \$_____ Social Security/Pension per MONTH: \$_____

Any other source of income per MONTH: \$_____

PUBLIC ASSISTANCE: Cash Assistance per MONTH: \$_____ Food Stamps per MONTH: \$_____

Medical Assistance: Yes No

IF YOU HAVE NO INCOME, WHO IS SUPPORTING YOU?

Name:_____ Relation:_____ Telephone number:_____

Address: _____

ADDITIONAL FINANCIAL INFORMATION:

Home/Real Estate Value: \$ _____

Monthly mortgage payment: \$ _____

If a renter, monthly rent payment: \$ _____

Checking account: \$ _____

Savings account: \$ _____

IRA/401(k)/Retirement: \$ _____

Child support PAID per month: \$ _____

Child support/SSI RECEIVED per month: \$ _____

CURRENT CRIMINAL CHARGE(S): _____

Co-defendant(s): _____ Victim(s): _____

Are you on probation or parole? Yes No If yes, where? _____

Who is your probation/parole officer? _____ Do you have a detainer? Yes No

BAIL STATUS: Currently in jail? Yes No

Bail has been set at \$ _____ secured/unsecured (circle one).

Bail has been posted by (name and address): _____.

CRIMINAL HISTORY: Provide any prior criminal convictions: _____

_____.

Prior Attorneys: _____.

MILITARY SERVICE: Branch: _____ Dates: _____ Type of Discharge: _____

I, _____, hereby verify that the facts I have set forth in the above Application for Public Defender are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date: _____ Applicant's Signature _____

I, _____, hereby give the Bedford County Public Defender's Office permission to notify me of any court hearings related to this case via text messaging and/or e-mail and authorize the Bedford County Public Defender's Office to obtain a receipt for this communication.

Date: _____ Applicant's Signature _____

FOR OFFICE USE ONLY:

This application for representation by the Bedford County Public Defender's Office is hereby
ACCEPTED DENIED .

If denied, the reason for the denial: income exceeds guidelines other: _____
_____.

Date: _____ Public Defender: _____