

MONTOUR COUNTY PUBLIC DEFENDER APPLICATION

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INSTRUCTIONS: Please complete the following application. If you **DO NOT COMPLETELY FILL OUT THE APPLICATION**, it will be **REJECTED AND RETURNED TO YOU**. Please attach any Criminal Complaints and Court Notices you may already have in your possession.

PERSONAL INFORMATION

FULL NAME: _____ Date of Birth _____

AGE _____ Street Address _____ City _____

State _____ Zip Code _____ Telephone Number _____

Last 4 Digits of your SS# Number _____ Email: _____

Charges: _____

Date of Arrest _____ Co-Defendant If applicable _____

Court Date : _____ Time: _____ Do you have a prior record _____ No _____ Yes

If Yes, what were the charges and who represented you: _____

Are You Currently in jail: _____ No _____ Yes If you answered Yes, where are you in jail: _____

Are you out on bail: _____ No _____ Yes What is the Bail amount: _____

INCOME AND HOUSEHOLD INFORMATION

Employer Information _____

Phone Number: _____ Employment Dates: _____

Net Weekly Pay _____ Deductions, not including taxes (Please Specify): _____

If unemployed, where did you last work and when _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Widowed _____

Spouse's Name _____ Employment Status _____

Amount of Money you have in the Bank _____ Checking _____ Savings
_____ Other

Do you own your Home? _____ Yes _____ No Do you rent? _____ Yes _____ No

Amount of Mortgage or Rent? _____

If you do not own a Home or Rent, where are you living? _____

How many people are in your household? _____ What are their Names & Ages

How many people do you support? _____ What are their Names & Ages _____

Income for all other adults in the household, if more than one, include/attach
additional information:

Person Employed _____ Relationship to You _____

Employer Name/Address _____ Phone No. _____

Length of time Employed: _____ Weekly Take Home Pay _____

Do you or anyone in your household collect the following and enter the amount:

Unemployment _____ Social Security _____ Spousal and/or Child Support

_____ Welfare _____ Disability _____ Food Stamps _____

Retirement _____ Pensions _____ Rental Income _____

If you do not have any income, how do you support yourself? _____

Do you own a vehicle? _____ Yes _____ No If yes, Make of vehicle _____

Monthly Payment _____

Do you own any other Property/Assets: _____ Yes _____ No. If yes, please
specify _____

AFFIDAVIT

BY SIGNING THIS DOCUMENT, I REQUEST THAT THE MONTOUR COUNTY OFFICE OF
THE PUBLIC DEFENDER REPRESENT ME FOR THE CHARGES NOW AGAINST ME. I
VERIFY THAT I HAVE READ THE ENTIRE DOCUMENT AND THE ANSWERS I HAVE GIVEN
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO

THE PENALTIES OF 18 Pa.C.S. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND 16 P.S. Section 9960.8, OF THE PUBLIC DEFENDER ACT.

DATE

SIGNATURE

FOR PUBLIC DEFENDER USE:

_____ **Approved** _____ **Denied Reason:**_____

Date Received by P.D. Office _____