

**APPLICATION FOR LEGAL REPRESENTATION**  
**Adult Public Defender's Office**  
**Wyoming County, Pennsylvania**  
**1 Courthouse Square, Tunkhannock, PA**  
**(570) 996-2372**

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**PLEASE BE ADVISED YOU MUST SUBMIT YOUR FULLY COMPLETED APPLICATION AT LEAST 10 DAYS PRIOR TO ANY HEARING (PRELIMINARY OR OTHERWISE) IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.**

**Please be advised that this is a FRONT AND BACK application must be completed in full.**

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**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
(If you are in jail List Last Address) **Home Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Are You In Jail:**  Yes  No If yes, Where? \_\_\_\_\_ **Date of Arrest:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Bail Amount:** \$ \_\_\_\_\_ **Did you Post Bail?**  Yes  No  
If yes, How Posted? \_\_\_\_\_ Cash, Bail Bond, Realty

**My Case Involves (check all that apply):**  Criminal Charges  Probation/Parole Violation  
 Warrant  
 Indirect Criminal Contempt  Appeal of Sentence  
 Don't Know

**Type of Charges (check all that apply):**  Theft  DUI  Drugs  Assault  
 Domestic Violence  
 Property Damage  Sex Crime  Failure to Register  
 Escape/Evading  Abuse/Neglect of Child  
 Other/Don't Know

**Co-Defendants?**  Yes  No If yes, name them:  
\_\_\_\_\_

**Do you have Prior Convictions?**  Yes  No If yes, describe:  
\_\_\_\_\_

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**Do you have other Current Charges?**  Yes  No If yes, What County?  
\_\_\_\_\_

**Are you currently on Probation of Parole?**  Yes  No  
If yes, What County? \_\_\_\_\_

**Marital Status:**  Married  Single  Separated  Widowed  Divorced  Engaged

**Do you have any Children?**  Yes  No If yes, how many under 18? \_\_\_\_  
**Support Order:**  Yes  No

**Child Support:**  I Pay Support  I receive Support **Children:**  Live With Me  Live With Others

**If you receive support (amount per month)** \_\_\_\_\_

**I Own Real Estate:**  Yes  No **I Own a Car:**  Yes  No **I am Disabled:**  Yes  No

**Total Cash Available (All Locations):** \$ \_\_\_\_\_ **Total Investments:** \$ \_\_\_\_\_

**Employment:**  Employed  Not Employed  Retired  Currently Looking  
 In Jail / Lost Employment

**Sources of Income (check all that apply):**  Current Employer  None  SSI/SSD  Worker's Comp.  
 Trust Income  Pension  Public Assistance  Food Stamps  Unemployment   
Child/Spousal Support  Family  Royalties  Rental Income  Gifts  Investment Income  
 IRA  Other \_\_\_\_\_

**\*If you indicate your income is zero (0) you MUST provide a written explanation below as to how you survived for that period of time with no income.**

**Estimate The Total Amount of Money You Received from All Sources (Last Year)** \$ \_\_\_\_\_

**Estimate The Total Amount of Money You Received from All Sources (This Year)** \$ \_\_\_\_\_

**If any income zero (0) please provide explanation here:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is Anyone In Your Household Employed?**  Yes  No

If yes, their relationship to you? \_\_\_\_\_ Income (average) per year: \_\_\_\_\_

**Are you Current or Former Military?**  Yes  No

**Do you have a history of Mental Illness?**  Yes  No

**Verification:**

**I, the applicant, hereby attest that all the information provided on this application is true and accurate under penalty of perjury:**

\_\_\_\_\_  
**Signature**

**This Application may be return ONLY by:**

- 1. Dropping off at front desk of Courthouse located at 1 Courthouse Square, Tunkhannock, PA 18657**
- 2. Mailing Application to: Public Defender's Office, 1 Courthouse Square, Tunkhannock, PA 18657**
- 3. Faxing application to: (570) 836-7404**