

Office of the Public Defender

CHIEF PUBLIC DEFENDER
MEGAN D. TIDWELL



ASSISTANT PUBLIC DEFENDERS
MICHAEL TIUFEKCHIEV
SHANNON PASCAL
MICHAEL LIGHT

Municipal Building, Room 122
400 South Eighth Street
Lebanon, Pennsylvania 17042
Telephone (717) 228-4421
Fax (717) 228-4464

Application for Public Defender Services – Criminal Charges Only

Please be aware that you should complete and return the Application for Public Defender Services AT LEAST NINE (9) DAYS prior to your Preliminary Hearing or TWO WEEKS before all other court dates. We need enough time to review the application and supporting documents in order to make a determination of whether or not we will be able to represent you.

IMPORTANT – Please be certain to include the most accurate contact information – especially your telephone number.

You may return the completed application in the following ways: (1) return the completed form to the Office of the Public Defender during regular business hours; (2) scan and e-mail the completed application to: PublicDefender@lebanoncountypa.gov; or (3) fax the completed application to 717-228-4464.

Finally, you may reach the Office of the Public Defender by telephone (717-228-4421) or by e-mail (PublicDefender@lebanoncountypa.gov).

The following documents are needed to process your application (failure to provide ANY of these documents could result in delays in the processing of your application or rejection/denial of the application):

1. **Court Papers** (listing court dates, charges, co-defendants, witnesses, etc.)
2. **Four (4) most recent pay stubs** (if married, you must also provide your spouse's pay stubs)
3. **Social Security Disability/Retirement** (statement of proof of benefits amount from within the last 30 days; if direct deposit, you may provide a copy of your bank statement that shows the deposits)
4. **Unemployment Compensation** (statement from within the last 30 days with proof of income; if direct deposit, you may provide a copy of your bank statement that shows the deposits)
5. **Food Stamps/Cash Assistance** (statement from within the last 30 days showing your benefits for all public assistance received)
6. **Child Support** (copy of the Order of Support you are to receive or pay; if child support is directly garnished from your pay, your pay stub may serve as proof of payment)

If you recently gained employment: and/or cannot provide your last four (4) pay stubs, bring a letter from your employer (on company letterhead) with your date of hire, pay rate, and approximate hours worked per week.

If you recently were terminated: if you lost your job within the last month, bring a letter from your former employer with date of termination.

If you are self-employed: you may provide your last year's tax statement or business receipts for work done within the last 30 days.

Respectfully,

Megan D. Tidwell
Chief Public Defender

PUBLIC DEFENDER'S OFFICE USE ONLY

Approved

Denied

Conflict

___ Income exceeds guidelines

Conflicts with _____

— _____

Date of approval/denial/conflict determination: _____

APPLICATION FOR PUBLIC DEFENDER SERVICES OF LEBANON COUNTY

Instructions: You must complete this application completely and truthfully. AN INCOMPLETE APPLICATION WILL NOT BE REVIEWED. Failure to comply with these instructions could cause a delay in processing your application.

1. Personal Information

APPLICANT Name: _____

Birth Date: _____ Social Security Number: _____

Interpreter: Yes No Language: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Are you a U.S. citizen? Yes No If no, what country: _____

Visa Status: _____ Have you ever served in the U.S. military? Yes No

Marital Status: Married Single Divorced/Separated

How many children under 18 are in the home? _____

2. Case Information

Have you already had a preliminary hearing before a Magisterial District Judge? Yes No

Date of Preliminary Hearing: _____ OTN: _____

Upcoming Court Date: _____ Time: _____ Judge: _____

Legal representation is being requested for:

Criminal Case Probation/Parole Violation Driving During Suspension

Violation/Contempt of PFA, Child Support, or Fines and Costs Other: _____

Charges: _____

Co-Defendant(s): _____

Victim(s): _____

Witness(es): _____

3. Criminal History- **IF THIS SECTION IS NOT COMPLETED YOUR APPLICATION WILL BE DENIED**

Have you ever been charged with a criminal offense in the past? Yes No

List the year, city, state, type of offense, and outcome for each previous case: _____

Have you previously had a Public Defender? Yes No Name: _____

4. Household Income

Are you currently employed? Yes No Employer: _____

Current monthly gross wages: \$_____

Is your spouse currently employed? Yes No Employer: _____

Current monthly gross wages: \$_____

Other income:

Do you or your spouse receive Child Support? \$_____/monthly

Do you or your spouse receive Public Assistance? \$_____/monthly

Do you or your spouse receive SSI or SS Disability? \$_____/monthly

Do you or your spouse receive Unemployment? \$_____/monthly

Do you or your spouse receive Retirement or Pension? \$_____/monthly

TOTAL MONTHLY HOUSEHOLD INCOME: \$_____

Monthly Expenses:

Rent/Mortgage: \$_____/monthly

Utilities/Phone: \$_____/monthly

Child Support Payments: \$_____/monthly

Loan/Credit Cards/Others: \$_____/monthly

TOTAL MONTHLY EXPENSES: \$_____

5. Verification

I _____, hereby apply for the services of the Public Defender.

I understand that the Public Defender is required by law to take my financial statement under penalty of perjury and that if it is determined by the Office of the Public Defender that I am able to hire a private attorney, the Public Defender cannot represent me. In support of my application, I declare under the penalty of perjury that the above statements are true and correct:

Signature of Applicant

Date

STATEMENT OF APPLICANT

I, _____, in support of my application for Public Defender services, hereby verify that the following are true and correct to the best of my knowledge, information, and belief:

1. I am the applicant seeking the services of the Public Defender of Lebanon County;
2. I have read the forgoing application, know and understand the contents thereof and the same are true to the best of my knowledge, except as matters therein state to be alleged as to persons other than myself, and as to those matters I believe it to be true;
3. This application and information is made to inform the Office of the Public Defender as to my financial status and to induce them to assign me counsel as an indigent defendant for my defense against the criminal charge(s) that have been filed against me;
4. I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, the Office of the Public Defender may Petition the Court to withdraw as my counsel;
5. I understand that by signing this statement, I am authorizing the Office of the Public Defender of Lebanon County to extend time constraints by filing/requesting continuances from time to time. My assigned attorney has the authority to request a continuance at any stage of the proceeding and for any reason he or she deems proper, though they will always be mindful of my speedy trial rights and will do their best to see that they are preserved; and
6. **In making this application, I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 in relation to unsworn falsification to authorities.**

Date

Signature of Applicant

Name of Applicant (please print)