



CLARION COUNTY OFFICE OF THE PUBLIC DEFENDER

APPLICATION FOR LEGAL REPRESENTATION

This office is funded by the taxpayers of Clarion County—**not** the state of Pennsylvania. Therefore, this office has a responsibility to ensure only indigent applicants are accepted. Determining eligibility is based on income and assets. In order to accurately review your application, **all** of your financial information needs to be submitted to this office with documentation.

- 1. Applications must be submitted at least 5 days prior to a scheduled court appearance. If you are scheduled for a preliminary hearing and turn in a late application, you must call Central Court (814-226-5170) before your hearing and ask for a continuance and inform them you are in the process of acquiring legal counsel. The Court will usually allow this continuance.**
2. This office will make all efforts to ensure that our client's speedy trial rights are preserved. There will be times, however, where a continuance is in the best interest of your representation. By submitting this application, you agree to allow this office to ask for reasonable continuances on your case.
- 3. The application must be completed entirely. Period. If the application is in any way incomplete, it will be rejected. Answer "none" or N/A if something does not apply.**
4. All financial information **MUST** have corresponding documentation wherever possible.
5. You must provide a copy of your **driver's license and criminal complaint** when submitting your application.
- 6. If you are a COLLEGE STUDENT OR 26 or under:**
 - o You **MUST EITHER:**
 - Provide documents that you are not being claimed as a dependent. (Signed verification by your parents or a copy of their or your most recent tax filing).
 - If you are a dependent, you **MUST** provide documentation relating to your parents income, but you do **not** have to provide yours.
7. You **MUST** keep this Office updated on ANY change in Phone Number or Mailing Address
8. Failure to be honest or report changes of your contact information may result in termination of your legal representation and/or civil or criminal actions against you to recover attorney fees used fraudulently.

Name (Printed): _____

Date Submitted: _____

Date Received (Office Only): _____

Erich R. Spessard, Esq.
Michael S. Marshall, Esq.
16 Grant Street, Clarion, PA 16214
814-226-7380

PERSONAL INFORMATION

Full Name: _____ Home phone: _____

Address: _____ Cell number: _____

City _____, ST _____ ZIP _____ Other phone: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Provide the name and phone number of a person who always knows how to contact you:

Are there any people you give the office permission to speak with about your case?

Are you incarcerated? _____ Where: _____ Date of Incarceration: _____

Date Bail was set on this case (Preliminary Arraignment): _____

Bail amount set: \$ _____ Was bail posted? (circle one): CASH BAILBOND REAL ESTATE

I require legal representation for the following (check all that apply):

New Criminal Charge _____ **Parole/Probation Violation** _____ **Bench Warrant** _____

Contempt/PFA Violation _____ **Extradition** _____ **Other (explain)** _____

What crime(s) are you charged with? _____

Date charges were filed (listed on the complaint): _____

Name(s) of any alleged codefendant(s): _____

Name of the alleged victim(s) if any: _____

Name of the confidential informant if known: _____

Have you ever received ARD? _____ If yes, when and for what charge? _____

Do you have any prior convictions or guilty pleas (**juvenile or adult**) in this or any other state? _____

If yes, please list all that you can recall and mark juvenile convictions with a "J-".

Is there anything we should know about these allegations or witnesses we should contact (details are important—for witnesses, please include phone numbers and what they know or saw):

FINANCIAL INFORMATION

COMPLETE THIS SECTION ENTIRELY AND PROVIDE DOCUMENTATION

MONTHLY INCOME AMOUNTS:	Does?	ACCEPTABLE DOCUMENTATION:
Social Security \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Unemployment \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Child Support \$ _____	<input type="checkbox"/>	Court Order Showing Amount
Alimony \$ _____	<input type="checkbox"/>	Court Order Showing Amount
Cash Assistance \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Food Stamps \$ _____	<input type="checkbox"/>	Awards Letter (DPW), Bank Statement
Pension \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs
Property/Dividends \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs, Lease
US Military Stipend \$ _____	<input type="checkbox"/>	W-2, Tax Return, Recent Stubs
TOTAL: \$ _____		

Current Employer: _____ Lose job? _____ If yes, reason: _____
 Hourly Rate: _____ Phone: _____ Length of Employment: _____
 *Past **12 months** of income from **all employment** sources: \$ _____*

Acceptable proof includes either at least 3 most recent pay stubs, W2, or most recent Tax Filing.

Spouse's name: _____ Spouse's employer: _____
 Hourly Rate: _____ Length of Time Employed: _____
Spouse's Past 12 months of income from all employment sources: \$ _____

OTHER CONSIDERATIONS:

Were you claimed as a dependent on another person's income tax return? _____
Are you 26 or UNDER? _____ If yes, please provide your parents 1040 tax return with application.
 Do you pay child support? _____ If yes, for how many children? _____
 Do you rent, pay a mortgage, or own your home? _____

Members of your "household" are your family. This means people that are either related through blood, marriage, or adoption that live with you and that you directly care for. This does NOT include roommates, friends, or significant others that you do not directly share money with. How many people are part of your household? _____ What are their names, ages, and relation to you? _____

If you marked your income as ZERO, you MUST list how you are able to provide yourself with food, clothing, and shelter, or the application will be REJECTED:

ASSETS:

List the total amount of money you have in checking, savings, and investments:

List all vehicles (cars, motorcycles, ATV, Golf Cart, Boat, etc) you own that are **NOT** being used to drive to work by you and/or your spouse: _____

List all real estate owned by you and any property you own that has a value of at least \$500:

QUICK CHECKLIST:

Did you completely fill out the application?

Did you provide a copy of your ID and Criminal Complaint?

For all income and expenses that you reported, did you provide adequate documentation?

Did you sign and date the application?

Under age 26—did you attach appropriate documentation regarding dependency?

TO INCARCERATED APPLICANTS:

Being incarcerated, by itself, is not an acceptable reason for failure to entirely complete the application in full. We are mindful that you do not have immediate access to your documents. If your application is complete and it appears that you meet our income/asset guidelines, we will represent you at your preliminary hearing. Our continued representation, however, will **require** submission of the appropriate documentation. During this time, do not talk on the phones regarding the details of your case. Those calls are recorded and they can AND WILL be used against you.

TO ALL APPLICANTS:

Following submission of your application, it is your responsibility to confirm that you have been accepted for representation, by contacting the office. Once accepted, do not speak with the police or anyone regarding details of your case—instead direct that any questions must be done in the presence of an attorney.

By signing below, you are verifying that the statements made herein are true and correct to the best of your knowledge, information, and belief. You are also verifying that you cannot afford the costs to secure private counsel. You further understand that the statements and answers made above are subject to the penalties provided at 18 P.A.C.S.A. §4904 relating to Unsworn Falsification to Authorities.

Signature

Date

Updated 3/2016

By typing your name in the signature block and then submitting your application, you are swearing that all of the information which you provided is correct and you are requesting that this office represent you in this matter

IMPORTANT:

IF YOU ARE SUBMITTING THIS APPLICATION VIA INTERNET, BY CLICKING SUBMIT, YOU ARE **ONLY** SUBMITTING THIS APPLICATION.

YOU STILL MUST **SEPARATELY SUBMIT** ALL OTHER NECESSARY DOCUMENTATION. THIS INCLUDES PROOF OF INCOME, YOUR CRIMINAL COMPLAINT, AND A COPY OF YOUR ID.

YOU MAY EMAIL YOUR DOCUMENTS TO CCPD@CO.CLARION.PA.US

YOU MAY FAX THE OFFICE YOUR DOCUMENTS TO: 814-226-7698

ALL RECORDS SENT WILL REMAIN CONFIDENTIAL.

FAILURE TO PROVIDE ALL DOCUMENTATION WILL CAUSE YOUR APPLICATION TO BE AUTOMATICALLY REJECTED.