#### 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 <u>5 days prior</u> 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 <u>usually</u> 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 <u>entirely</u>. Period. If the application is in any way incomplete, <u>it</u> <u>will be rejected</u>. 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** <u>criminal complaint</u> when submitting your application.
- 6. If you are a COLLEGE STUDENT OR 26 or under:
  - You MUST EITHER:
    - Provide documents that you are not being claimed as a dependent. A copy of their or your most recent tax filing).
    - If you are a dependent, you **MUST** provide documentation relating to your <u>parents</u> 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 PH: 814-226-7380

FX: 814-226-7698

## **PERSONAL INFORMATION**

Home phone:	Home phone:	
Cell number:           E-mail:		
ws how to contact you and we		
Date of Incarceration		
? (circle one): CASH BAII	LBOND REAL ESTATE	
r the following (check all th	nat apply):	
n Violation Bench W	arrant	
Other (explain)		
MDJ Schill MDJ Long/T	urk MDJ Miller	
and for what charge?		
(juvenile or adult) in this or juvenile convictions with a "	-	
egations or witnesses we show umbers and what they know	`	
	Cell number: E-mail:  Date of Birth:  ws how to contact you and we see the contact you are contact you and we see the contact you are cont	

## FINANCIAL INFORMATION

#### COMPLETE THIS SECTION ENTIRELY AND PROVIDE DOCUMENTATION

MONTHLY HOUSEHO	LD INCOME:	Docs?	DOCUMENTATION/s NEEDED:		
Social Security	\$		Awards Letter (DPW), Bank Statement		
Unemployment	\$		Awards Letter (DPW), Bank Statement		
Child Support	\$		Court Order Showing Amount		
Alimony	\$		Court Order Showing Amount		
Cash Assistance	\$		Awards Letter (DPW), Bank Statement		
Food Stamps	\$		Awards Letter (DPW), Bank Statement		
Pension	\$		W-2, Tax Return, Recent Stubs		
Property/Dividends	\$		W-2, Tax Return, Recent Stubs, Lease		
US Military Stipend	\$		W-2, Tax Return, Recent Stubs		
TOTAL:	<b>\$</b> *	*** <u>If you w</u>	vork, you must provide at least 3 most recent		
		Paysi	tubs, W2's, or most recent tax filings		
Marital Status (circle one	e): Single	Separated	Divorced Widow(er) Living w/Partner		
Current Employer:			Still working: YES NO-(Why)		
Hourly rate or Salary: \$_		Past 12 mo	onths of income \$		
Spouse/Other (that lives	with you) Name	2:			
Current Employer:			Still working YES NO		
Hourly rate or Salary: \$		Past 12 mon	ths of income \$		
If you are 26 or under di	d you provide y	our parents	1040 tax return with application? (this is a must)		
How many people live in	your household	1:	Name/s, Age/s and Relationship to you:		
Do you pay Child Suppo	rt?	_ If yes, how	many children? Names and Ages:		
Do you: Rent \$	Own \$	Oth	er (explain)		
food, clothing, shelter, an	d basic needs or	the applicati	st how you are able to provide yourself with on will be <u>REJECTED</u> . If someone else and provide contact info for him or her. *****		

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:
List all real estate and 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 documentation regarding your dependent status?
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 complete and it appears that you meet our income/asset guidelines, we will represent you at your preliminary hearing. Our continued representation, however, will <b>require</b> submission of the appropria documentation. During this time, do not talk on the phones regarding the details of your case. Those calls are recorded and they can <i>AND WILL</i> be used against you.
TO ALL APPLICANTS:
Following submission of your application, it is <u>your</u> 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 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 PA.C.S.A. §4904 relating to Unsworn Falsification to Authorities.
Signature Date

# **IMPORTANT:**

IF YOU ARE SUBMITTING THIS APPLICATION VIA INTERNET OR FAX, YOU MUST MAKE SURE THAT THE OFFICE RECEIVES ALL DOCUMENTATION TO PROVE YOU ARE INDIGENT.

IF YOU ARE USING THE INTERNET SITE TO COMPLETE AN APPLICATION, THIS IS A\*\*\*WARNING\*\*\* GOOGLE CHROME WILL NOT WORK. PLEASE USE A DIFFERENT BROWSER PRIOR TO FILLING OUT

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

YOU MAY FAX 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.