

**WESTMORELAND COUNTY PUBLIC DEFENDER'S OFFICE  
ROOM 404, FOURTH FLOOR  
WESTMORELAND COUNTY COURTHOUSE  
GREENSBURG, PA 15601  
(724) 830-3535 OR (724) 830-3534**

**APPLICATION FOR LEGAL REPRESENTATION BY  
THE PUBLIC DEFENDER'S OFFICE OF  
WESTMORELAND COUNTY, PA**

**NAME:**

**CHARGES:**

**MAGISTRATE:**

**CO-DEFENDANTS:**

**PRELIMINARY HEARING DATE:**

**TIME:**

**BAIL/BOND:**

**CASH/PROPERTY:**

**OTN:**

**DOCKET#:**

**CAUTION: READ CAREFULLY BEFORE SIGNING**

**THIS APPLICATION MUST BE COMPLETED IN FULL OR IT CANNOT BE  
CONSIDERED. IN ADDITION, THIS APPLICATION MUST BE COMPLETED AT  
LEAST 7 BUSINESS DAYS PRIOR TO YOUR PRELIMINARY HEARING.**

**ALL INFORMATION PROVIDED IN THIS APPLICATION MUST BE ACCURATE. IT WILL BE RELIED  
UPON BY THIS OFFICE IN DETERMINING YOUR ELIGIBILITY FOR SERVICES AND ALSO BY  
YOUR ATTORNEY IN ORDER TO REPRESENT YOU IN THIS MATTER. FAILURE TO ACCURATELY  
PRESENT YOUR FINANCIAL CIRCUMSTANCES MAY RESULT IN FINANCIAL LIABILITY ON  
YOUR PART FOR SERVICES PERFORMED BY YOUR ATTORNEY.**

**For Official Use Only**

**Date Received \_\_\_\_\_**

**Accepted / Denied**

**Reason for Rejection \_\_\_\_\_**

**PERSONAL DATA:**

**CAN YOU READ, WRITE UNDERSTAND THE ENGLISH LANGUAGE?      YES      NO**

**FULL NAME:**

**LIST ANY OTHER NAMES YOU MAY BE KNOWN AS: (MAIDEN NAME)**

**YOUR ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE#**

**CELL PHONE#**

**WORK/OTHER PHONE#**

**HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?**

**WHO LIVES WITH YOU?**

**SOCIAL SECURITY NUMBER (REQUIRED)**

**DATE OF BIRTH:**

**AGE:**

**MARITAL STATUS:**

**SINGLE**

**MARRIED**

**DIVORCED**

**SEPARATED**

**WIDOWED**

**IF MARRIED, SPOUSE'S NAME:**

**NUMBER OF CHILDREN**

**DO YOU SUPPORT THEM FINANCIALLY?**

**YES**

**NO**

**DO CHILDREN LIVE WITH YOU?**

**YES**

**NO**

**HOW MANY LIVE WITH YOU?**

**NAME AND AGES OF ALL CHILDREN**

**NAME OF PERSON AWARE OF YOUR WHEREABOUTS MOST OF THE TIME:**

**THEIR ADDRESS:**

**PHONE#**

**RELATIONSHIP TO YOU:**

**PHYSICAL MENTAL ISSUES:**

**DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH PROBLEMS?**

**YES**

**NO**

**IF YES, EXPLAIN:**

**ARE YOU PRESENTLY UNDER THE CARE OF A DOCTOR?**

**YES**

**NO**

**IF SO, STATE HIS NAME, ADDRESS AND PHONE#**

**DO YOU TAKE ANY MEDICATIONS?**

**YES**

**NO**

**IF SO, LIST ALL:**

**EDUCATION:**

**HIGH SCHOOLS/COLLEGES YOU HAVE ATTENDED**

**YEARS/GRADES COMPLETED**

**FINANCIAL INFO:**

**ARE YOU EMPLOYED? YES NO**  
**IF YES, EMPLOYER'S NAME AND ADDRESS**

**HOW LONG HAVE YOU BEEN EMPLOYED? HRS/WEEK AMOUNT/HR: \$**

**IF NOT EMPLOYED, WHERE AND WHEN DID YOU LAST WORK?**

**HRS/WEEK: AMOUNT/HR: \$ DATE EMPLOYMENT ENDED:**

**DO YOU RECEIVE SSI, SSDI, UNEMPLOYMENT ETC? YES NO HOW MUCH PER MONTH \$**

**ARE YOU MARRIED? YES NO IF YES, IS YOUR SPOUSE EMPLOYED? YES NO**

**IF YES, NAME AND ADDRESS OF SPOUSE'S EMPLOYER:**

**SPOUSE'S HOURS PER WEEK AMOUNT PER HOUR \$**

**DO YOU RECEIVE PUBLIC ASSISTANCE OF WELFARE? YES NO**

**FOOD STAMPS: HOW MUCH PER MONTH?**

**CASH ASSISTANCE: HOW MUCH PER MONTH?**

**WHAT WAS YOUR HOUSEHOLD TOTAL INCOME FOR THE PAST 12 MONTHS?**

**\*INCLUDE ALL CASH ASSISTANCE, SSI, SSDI, CHILD SUPPORT, UNEMPLOYMENT, ETC)**

**FINANCIAL STATUS**

**VALUE**

**CASH, CHECKING, AND/OR SAVINGS ACCOUNT \$**  
**REAL ESTATE (DO YOU OWN HOME/PROPERTY) \$**  
**CAR(S) YEAR MAKE \$**  
**MONEY ON THE PERSON OR AT HOME \$**  
**MONEY OWED TO YOU \$**

**TOTAL ASSETS**

**MORTGAGE (TOTAL OWED) \$**

**LIST ALL MONTHLY BILLS AND DEBTS YOU PAY:**

**\$**  
**\$**  
**\$**  
**\$**  
**\$**

**TOTAL DEBTS**

**HOW ARE YOU PAYING BILLS, BUYING NECESSITIES, ETC (BE SPECIFIC PLEASE):**

**PRESENT OFFENSE INFORMATION:**

**CURRENT CHARGES:**

**DATE OF OFFENSE:**

**PLACE OF OFFENSE:**

**PROSECUTING OFFICER:**

**ARE YOU PRESENTLY IN JAIL?      YES      NO**

**IF SO, WHY?**

**WHAT IS THE AMOUNT OF BOND?**

**WHO SET THE BOND?**

**WILL YOU OR SOMEONE ELSE BE ABLE TO POST YOUR BOND?      YES      NO**

**IF SOMEONE ELSE, WHO?**

**RELATIONSHIP?**

**WAS BAIL/BOND POSTED?      YES      NO**

**IF YES, ANSWER THE FOLLOWING**

**BAIL WAS PAID BY**

**RELATIONSHIP TO YOU?**

**IN THE AMOUNT OF**

**CASH**

**PROPERTY**

**HAVE YOU HAD AN ATTORNEY AT ALL DURING THIS CASE?      YES      NO**

**IF SO, ATTORNEY'S NAME:**

**LIST ALL POTENTIAL WITNESSES: (NAME, ADDRESS, PHONE# OF ANY PERSON HAVING KNOWLEDGE OF YOUR ACTIONS AND/OR WHEREABOUTS DURING THE PERIOD)**

**TELL US YOUR SIDE OF THE STORY, WHAT YOU KNOW ABOUT THE CHARGE AGAINST YOU.**

**DID YOU GIVE AN ORAL OR WRITTEN CONFESSION TO ANYONE?      YES      NO**

**IF YES, TO WHO?**

**YOU WERE IDENTIFIED, THAT'S WHY YOU ARE BEING CHARGED. HOW AND BY WHOM WERE YOU IDENTIFIED?**

**DID YOU SIGN ANY STATEMENTS?      YES      NO**

**DID YOU HAVE A PRELIMINARY HEARING?      YES      NO      IF SO, WHEN?**

**CRIMINAL HISTORY:**

**JUVENILE RECORD:**

DATE	COUNTY	OFFENSE	SENTENCE

**ADULT RECORD:**

DATE	COUNTY	OFFENSE	SENTENCE

ARE THERE ANY OTHER CASES IN COURT RIGHT NOW?    YES    NO  
IF SO, WHAT AND WHERE?

ARE YOU PRESENTLY ON PROBATION/PAROLE?    YES    NO  
IF YES, WHAT COUNTY?

YOUR PROBATION/PAROLE OFFICER'S NAME:

BY WHOM AND WHEN WERE YOU SENTENCED:

HAS THIS OFFICE REPRESENTED YOU IN THE PAST?    YES    NO  
IF YES, WHEN?

WHAT WERE THE CHARGES?

**DOMESTIC CONTEMPT CHARGE:**

IF YOU ARE SEEKING COUNSEL FOR A DOMESTIC CONTEMPT CHARGE, COMPLETE THE FOLLOWING:

HAVE YOU HAD A CONTEMPT HEARING BEFORE THE DOMESTIC RELATIONS HEARING OFFICER?  
YES    NO    IF YES, WHEN WAS THE HEARING?

IS A COMPLIANCE HEARING SCHEDULED BEFORE A JUDGE?    YES    NO  
IF YES, WHEN IS THE HEARING SCHEDULED?

IF YOU HAVE TITLE IV-D/SUPPORT COUNSEL, WHO IS YOUR ATTORNEY?

