

ARMSTRONG COUNTY COURTHOUSE  
PUBLIC DEFENDER  
500 MARKET STREET, SUITE 105  
KITTINGING, PA 16201  
OFFICE (724) 548-3259 FAX (724) 548-3235

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

PLEASE NOTE THE PUBLIC DEFENDER OFFICE **DOES NOT** HANDLE *CIVIL CASES, TRAFFIC CITATIONS, OR MOST SUMMARY CITATIONS* UNLESS A JAIL SENTENCE IS ANTICIPATED

YOU **MUST** APPLY THREE (3) BUSINESS DAYS PRIOR TO YOUR SCHEDULED HEARING DATE, OTHERWISE YOU WILL NEED TO ASK FOR A CONTINUANCE

IN ARMSTRONG COUNTY, AN INDIVIDUAL MUST COMPLETE AN APPLICATION

**\*\*FOR EACH NEW CRIMINAL CASE FILED \*\***

The following documents are needed after you submit your application:

- Police criminal complaint
- 2 paystubs or verification of any income (SSI, DISABILITY, UNEMPLOYMENT, ETC.)

Submit this information by:

- \* Email: [acpd@co.armstrong.pa.us](mailto:acpd@co.armstrong.pa.us)
- \* Fax 724-548-3235
- \* In person

After submitting your application and *appropriate paperwork* to the Public Defender office, please do not contact us until three (3) business after you apply to see if you were approved!

Any questions, email us at [acpd@co.armstrong.pa.us](mailto:acpd@co.armstrong.pa.us)

**INSTRUCTIONS:**

**This application must be filled out correctly and accurately.  
If the questions do not apply to you, please put N/A in the boxes.**

**YOU MUST REMEMBER  
TO SUBMIT THE ADDITIONAL INFORMATION NEEDED WITH THIS  
APPLICATION!**

**- COPY OF YOUR POLICE CRIMINAL COMPLAINT  
- VERIFICATION OF INCOME**

**NAME:**

**CHARGES:**

**CO-DEFENDANTS:**

**NEXT COURT DATE:**

**TYPE OF  
PROCEEDING:**

CRIMINAL CHARGE       REVOCATION HEARING

APPEAL       CONTEMPT       OTHER

**PHONE NUMBER:**

**IN JAIL?**     YES     NO

**THIS APPLICATION MUST BE COMPLETED AT LEAST  
3 BUSINESS DAYS PRIOR TO YOUR PRELIMINARY HEARING.**

***IF YOU ARE NOT INCARCERATED  
YOU MUST PROVIDE INCOME VERIFICATION.***

**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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ ARE YOU A VETERAN?  YES  NO

DATES OF SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOWED

SPOUSE'S NAME: \_\_\_\_\_

DO YOU HAVE CHILDREN?  YES  NO NUMBER OF CHILDREN (under 18): \_\_\_\_\_

DO YOU SUPPORT THEM FINANCIALLY?  YES  NO

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD, INCLUDING YOURSELF? \_\_\_\_\_

NAME OF PERSON AWARE OF YOUR WHEREABOUTS MOST OF THE TIME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

**FINANCIAL INFORMATION:**

DATE OF BIRTH: \_\_\_\_\_ ARE YOU EMPLOYED?  YES  NO

IF YES, EMPLOYER'S NAME: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_ AMOUNT PER HOUR: \$ \_\_\_\_\_

DO YOU RECEIVE ANY SSI, SSDI, UNEMPLOYMENT, ETC.?  YES  NO

HOW MUCH DO YOU RECEIVE PER MONTH? \$ \_\_\_\_\_

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

IF YES, SPOUSE'S EMPLOYER'S NAME: \_\_\_\_\_

SPOUSE'S HOURS PER WEEK: \_\_\_\_\_ AMOUNT PER HOUR: \$ \_\_\_\_\_

DO YOU RECEIVE PUBLIC ASSISTANCE?  YES  NO

FOOD STAMPS – HOW MUCH DO YOU RECEIVE PER MONTH? \$ \_\_\_\_\_

CASH ASSISTANCE – HOW MUCH DO YOU RECEIVE PER MONTH? \$ \_\_\_\_\_

WHAT WAS YOUR INCOME FOR THE PAST 12 MONTHS? (TOTAL HOUSEHOLD, IF MARRIED)

\$ \_\_\_\_\_ (Include all Cash Assistance, SSI, SSDI, Child Support, Unemployment, Etc.)

**PRESENT OFFENSE INFORMATION:**

**CHARGES:** \_\_\_\_\_  
\_\_\_\_\_

**DATE OF ALLEGED OFFENSE:** \_\_\_\_\_ **PLACE OF OFFENSE:** \_\_\_\_\_

**PROSECUTING OFFICER:** \_\_\_\_\_

**HAVE YOU SPENT ANY TIME INCARCERATED FOR THIS OFFENSE?**  YES  NO

**HOW MANY DAYS TOTAL?** \_\_\_\_\_

**WAS BOND SET?**  YES  NO **AMOUNT OF BOND: \$** \_\_\_\_\_

**WAS BOND POSTED?**  YES  NO **WILL YOU BE ABLE TO POST YOUR BOND?**  YES  NO

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

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

**LIST ALL POTENTIAL WITNESSES: (NAME AND PHONE NUMBER)** \_\_\_\_\_  
\_\_\_\_\_

**TELL US YOUR SIDE OF THE STORY (use back of page if additional space is needed):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY:**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME BEFORE?**  YES  NO

**DO YOU HAVE A JUVENILE RECORD?**  YES  NO **AN ADULT RECORD?**  YES  NO

**DATE OF MOST RECENT CONVICTION:** \_\_\_\_\_ **OFFENSE(S):** \_\_\_\_\_

**MOST SERIOUS CONVICTION:** \_\_\_\_\_ **GRADING OF OFFENSE:** \_\_\_\_\_

**DO YOU HAVE ANY OTHER ACTIVE CASES RIGHT NOW?**  YES  NO

**IF SO, WHAT AND WHERE?** \_\_\_\_\_

**DO YOU HAVE AN ATTORNEY?**  YES  NO **ATTORNEY'S NAME:** \_\_\_\_\_

**ARE YOU ON PROBATION/PAROLE?**  YES  NO **IF YES, WHAT COUNTY?** \_\_\_\_\_

**PROBATION/PAROLE OFFICER'S NAME:** \_\_\_\_\_

**HAS THIS OFFICE REPRESENTED YOU IN THE PAST?**  YES  NO

**IF YES, WHEN?** \_\_\_\_\_ **WHICH ATTORNEY?** \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF ARMSTRONG

The undersigned, being duly sworn according to law, upon his/her oath deposes and says:

1. I am the applicant in the above entitled, or have been given permission by the applicant to submit an application on their behalf.
2. I have read the foregoing application and know the contents thereof and all content is true to the best of my knowledge.
3. This affidavit is made to inform the Court as to my status of indigency and to petition the Court to assign Counsel to me as an indigent Defendant for my defense against criminal charges that have been made against me.
4. I am willing to accept the services of *any lawyer* in the Public Defender's Office who is assigned to handle my case.
5. I understand that it is my responsibility to inform the Public Defender's Office of any change of phone number or address, as well as stay aware and active in the progress of my case through the criminal justice system.
6. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine of not more than \$3,000.00 or imprisonment for not more than seven years, or both.
7. I understand that any person making affidavits or false statements to secure Counsel and services under the provisions of the Public Defender Act may be subjected to the penalties prescribed by law for perjury and false swearing as provided in Title 18, Pennsylvania Consolidated Statutes, Section 4909, et. seq.

WHEREFORE, the Petitioner prays:

**That the Public Defender of Armstrong County, Pennsylvania represents me in the above criminal case without fee or costs to me as defendant.**

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.

Signature of Applicant

Date: \_\_\_\_\_

If you are not in jail you must call the Public Defender office at 724.548.3259 after submitting your application and additional paperwork to see if you were approved. We do not contact you!