



Public Defender's Office

When submitting an application for Public Defender's services, please bring a copy of your Criminal Complaint and Affidavit of Probable Cause

Please submit your application to our office as soon as possible

Submit to: PublicDefenderApp@lyco.org

If you hire private counsel, please notify us immediately

Suggestions to Clients:

- 1. Do Not Talk about Your Case with Anyone –the police, your friends, and even family can be called to testify against you in court.**
 - Tell Police you want your attorney present before you speak to them
 - If you are incarcerated, never discuss your case at visits or on the telephone; these are recorded, and the District Attorney will use them against you.
- 2. Show Respect to the Judge and Dress Appropriately when in Court – your appearance and behavior could affect the type of Bail you receive or the outcome of your case.**
 - Please be calm, polite, and speak only when spoken to in court.
 - Dress in neat and clean attire when you appear in court.
- 3. You Must Be Fingerprinted before Your Preliminary Hearing**
 - You could be found in Contempt or forced to post good Bail.
 - Information on where to get fingerprinted will be attached to your charges.
- 4. Preliminary Hearing**
 - Most of the time your attorney will not have you testify at the Preliminary Hearing.
 - The purpose of this hearing is to find out what evidence the prosecution has.
 - You will not be found guilty or not guilty at this stage.
 - You should listen to your attorney's advice and follow their directions.
- 5. If You are Arrested on Other Charges Notify us IMMEDIATELY**
 - The Public Defender's Office does not receive notice of new charges filed against you.
 - If you are contacted by the police, rearrested, or receive a summons in the mail concerning new charges contact us immediately.
 - If you do not notify us, you risk not having an attorney present in court.
- 6. Keep the Public Defender's Office Notified of Current Contact Information – it is extremely important for us to be able to contact you at all times; it is a condition of Bail that you advise counsel of your current address**
 - If you change your telephone number or address notify us.
 - If you miss a court date a Bench Warrant will be issued for you.

Incarcerated: YES ___ NO ___ Approved ___/___/___ Denied ___/___/___

APPLICATION FOR THE APPOINTMENT OF A PUBLIC DEFENDER

Lycoming County Courthouse
48 West Third Street
Williamsport, PA 17701
(570) 327-2367
Fax: (570) 320-8130

All answers must be **COMPLETED** and the application signed before any action can be taken on your application. If you are married and living with your husband or wife, you must answer all questions as they apply to both of you. If you are a juvenile, all questions must be answered by your parent(s) or guardian.

Full name _____ Date of Birth ___/___/___ Age _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security Number _____ - _____ - _____

Can we text you about your case? _____ E-Mail Address _____

Preferred Communication? Call / Email / Text | **Emergency Contact Info** _____

Are you a United States Citizen? _____ IF NO, what is your status in this country? _____

Are you in the military? _____ What branch? _____ Status? _____

Marital Status? Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

How many people do you support? _____ List of Dependents _____

Criminal Charges _____

Date of Preliminary Hearing ___/___/___ Magistrate _____ Co-Defendants? _____

Has your bail been set? _____ Bail Amount? _____ Supervised Bail Eligible? _____

Are you employed? _____ Where? _____ Take Home Pay per Week \$ _____

Does your husband/wife work? _____ Where? _____ Take Home Pay per Week \$ _____

Do you have any money in the bank? How Much? Savings Acct. \$ _____ Checking \$ _____

Do you receive any of the following? Public Assistance _____ Disability _____
Unemployment Comp _____ Social Security _____ Other _____ Amt. \$ _____

List any other source of income and amount _____ Amt. \$ _____

Do you own your own home? Monthly Mortgage \$ _____ Original Cost \$ _____

What expenses do you have per month? _____

Please List any other factors we should consider regarding your eligibility for a Public Defender.

AFFIDAVIT

Commonwealth of Pennsylvania :

County of Lycoming :

I, undersigned, verify that I have filed the foregoing application for appointment of a public defender and that:

1. I hereby certify that all of the statements on the foregoing application are true and correct to the best of my knowledge.

2. I authorize any persons or agencies in the foregoing application having information about my financial condition and health to release such information to the fully authorized official of the Court. In particular, I authorize and empower the Internal Revenue Services, my employers, any banks, the Department of Public Welfare and the Social Security Administration to release any information pertaining to my health or financial situation.

3. I understand that the foregoing application is filed to inform the Court as to my financial status which could lead to the Court appointing counsel to defend me against the criminal charges which have brought against me. Any information obtained from any agency or person named in the foregoing application will also be used for this purpose.

4. I agree to notify the Court within 48 hours, through the Public Defender's Office, of any improvement in my financial ability to hire counsel from the date of this application until the final disposition of the charges. I understand that such notification is a condition of the Court's appointment of counsel to represent me.

5. I understand that false statements made in the foregoing application are made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsifications to authorities, a conviction of which is made punishable by not more than two years imprisonment or a fine of \$5,000.00 or both.

Date: _____ Signature: _____