



OFFICE OF THE PUBLIC DEFENDER

Kord W. Kinney, Esq.
Chief Public Defender

Warren County Courthouse
204 Fourth Avenue
Warren, Pennsylvania 16365

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

In order to have your application reviewed for eligibility, it is your responsibility to do all of the following:

- **The application must be completed in full. The application will be returned if not complete.**
- If you are not incarcerated, total household income is considered. Eligibility is based on the Federal Poverty Guidelines. Therefore, you must provide proof of income for yourself, and each member of your household at the time we receive your application.
- Any paperwork you have received concerning the charges filed against you will be helpful for us to prepare for your case.
- **Application must be received by this office at least five (5) days prior to representation at the preliminary hearing.**

If your application is accepted, and this office represents you, it is your responsibility to do the following:

- **Keep us informed at all times of your current address and phone number.** If any information changes, you must inform us immediately by calling (814) 728-3435. If we are unable to reach you about a scheduled hearing, there may be a bench warrant issued for your arrest.
- **Keep appointments provided to you as scheduled on the Case-Tracking sheet that you receive on the day of your preliminary hearing.** If you are unsure about dates or times of court, call this office to confirm.

Please detach this top page and keep for your records

**Application for Legal Representation by the
Public Defender's Office of Warren County, PA**

**Once completed, return to the Public Defender's Office, 204 Fourth Ave.,
Warren, PA 16365. If you have questions, please call (814) 728-3435.**

Name: _____

Home Address: _____

Phone Number: _____

Alternate Phone Number: _____

Age: _____ Date of Birth: _____

Are you currently in jail? Yes / No

If yes, you must notify this office within 24 hours of your release.

Co-Defendants? Yes / No

If yes, please list: _____

Hearing Date: _____

By signing this application, I am swearing, making an oath and certifying;

- 1.) I am the petitioner submitting the information contained;
- 2.) I am unable to obtain sufficient funds to obtain legal counsel;
- 3.) All information I submitted in the application is accurate; false or omitted information is subject to the penalties of 18 Pa. C.S.A. 4902 relating to perjury;
- 4.) I have read, understand and agree to all terms, including those on the first page;
- 5.) I understand all information submitted is subject to verification;
- 6.) I have a continuing obligation to inform this office of any change in financial circumstances immediately.

Applicant Signature

Date

For Official Use Only

Date Received: _____

Accepted / Denied

If denied, reason: _____

**Application for Legal Representation by the
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Personal Financial Information:

Are you employed? Yes / No

If yes, where? _____

Salary or wages per month: _____

Type of work: _____

If no, what is the date of last employment? _____

Salary or wages per month: _____

Do you have any other income within the past twelve months, such as business income or self-employment income? Yes / No

If yes, provide the amount of income and date received: _____

Do you receive any of the following? If yes, include the amount per month.

Pension or annuities: Yes / No Amount/Month: _____

Social security benefits: Yes / No Amount/Month: _____

Support payments: Yes / No Amount/Month: _____

Disability payments: Yes / No Amount/Month: _____

Unemployment benefits: Yes / No Amount/Month: _____

Worker's compensation: Yes / No Amount/Month: _____

Public Assistance: Yes / No Amount/Month: _____

Other? _____ Amount/Month: _____

Describe any other type of income you have received within the past twelve months; this includes any unreported or "under the table" income:

*If you are not incarcerated, you must provide verification of income, whether it be statements of benefits, pay stubs, or any other information requested.

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Household Information:

Are you married? Yes / No If yes, do you live in the same household? Yes / No

If yes, is your spouse employed? Yes / No

If yes, where? _____

Salary or wages per month: _____

If no, describe type and amount of income they receive from any other sources per month: _____

List the name, relationship and age of anyone currently living with you, including children:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Assets: Household assets include assets held by yourself, your spouse or anyone else you live with.

Cash on hand: Yes / No Value: _____

Checking or savings account: Yes / No Value: _____

Real estate (including home): Yes / No Value: _____

Vehicle: Yes / No Make: _____ Year _____

Monthly payment: _____

Other assets, describe: _____

Debts: List any debts that you pay monthly, including loans, mortgages, rent, etc.