



## MONTOUR COUNTY PUBLIC DEFENDER APPLICATION

Megan R. Moro, Esquire • 121 East Market Street • Danville, PA 17821 • 570.293.9109 • mmoro@montourcounty.gov

**NOTE: YOU MUST IMMEDIATELY REPORT ANY CHANGES OF ADDRESS OR CHANGE IN FINANCIAL CIRCUMSTANCES. IF YOU ARE RELEASED FROM PRISON YOU MUST RE-APPLY.**

To Applicant:

1. You must submit the application at least 2 business days prior to your scheduled hearing.
2. Please answer every question. If a question does not apply to you then answer no.
3. You must submit the following financial information, if applicable:
  - a. Your current paystub;
  - b. Your current bank statement;
  - c. Your spouse's current paystub;
  - d. Your Social Security Disability statement;
  - e. Your Social Security statement or Unemployment statement;
  - f. Your spouse's Social Security Disability statement;
  - g. Your spouse's Social Security statement or Unemployment statement.
4. If you receive new charges, you must complete a new application.
5. If you are incarcerated at any time, please note that the Public Defender's Office does not accept collect or fee based phone calls. Requests for petitions, updates, or any other legal concern must be put in writing and mailed to the Montour County Public Defender's Office.
6. It is your responsibility to contact the Public Defender's Office at 570.293.9109 after submitting the application to see if you were approved.
7. **Failure to provide proof of income will result in an automatic denial of your application.**

Please E-Mail / Mail / Fax the application and supporting information to:

Email: mmoro@montourcounty.gov

Megan R. Moro, Esquire  
121 East Market Street  
Danville, PA 17821

Phone: 570.293.9109  
Fax: 570.389.8363

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## APPLICATION FOR ASSIGNMENT OF LEGAL COUNSEL

OFFICE OF THE MONTOUR COUNTY PUBLIC DEFENDER

121 East Market Street

Danville, PA 17821

Phone: 570.784.1010 Fax: 570.389.8363

mmoro@montourcounty.gov

**INSTRUCTIONS:** ALL SECTIONS MUST BE FULLY COMPLETED, supporting documentation provided and the application SIGNED before any action can be taken. Provide your home address, even if you are currently incarcerated.

**YOU MUST ATTACH YOUR CRIMINAL COMPLAINT AND COURT DATE FOR NEW CASES.**

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_-\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ May we contact you via e-mail? YES: \_\_\_\_\_ NO: \_\_\_\_\_

CHARGES: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

OTHER PARTICIPANTS / CO-DEFENDANT NAME (IF APPLICABLE) \_\_\_\_\_

HEARING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_

DO YOU HAVE A PRIOR RECORD: YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, what were the charges and where did they occur?: \_\_\_\_\_

WHO REPRESENTED YOU: \_\_\_\_\_ PAID BY: \_\_\_\_\_

ARE YOU CURRENTLY INCARCERATED: YES: \_\_\_\_ NO: \_\_\_\_ IF YES, WHERE: \_\_\_\_\_

ARE YOU OUT ON BAIL: YES / NO AMOUNT OF BAIL: \_\_\_\_\_ PAID BY: \_\_\_\_\_

### INCOME AND HOUSEHOLD INFORMATION

EMPLOYER NAME / ADDRESS: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_-\_\_\_\_

LENGTH OF TIME EMPLOYED: \_\_\_\_\_ NET WEEKLY PAY: \$ \_\_\_\_\_ Are there deductions taken from your check, not including taxes, such as a support order? Yes: \_\_\_\_ No: \_\_\_\_ Specify: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

IF UNEMPLOYED, where did you last work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

MARITAL STATUS: SINGLE: \_\_\_\_\_ MARRIED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SEPARATED: \_\_\_\_\_ WIDOWED: \_\_\_\_\_

SPOUSE'S NAME (if applicable): \_\_\_\_\_ EMPLOYMENT STATUS: \_\_\_\_\_

AMOUNT OF MONEY YOU HAVE IN THE BANK: CHECKING: \$ \_\_\_\_\_ SAVINGS: \$ \_\_\_\_\_ OTHER/CASH: \$ \_\_\_\_\_

DO YOU OWN YOUR HOME? Yes: \_\_\_\_ No: \_\_\_\_ IF YES, MONTHLY MORTGAGE: \$ \_\_\_\_\_ ORIGINAL COST: \$ \_\_\_\_\_

DO YOU RENT YOUR HOME? Yes: \_\_\_\_ No: \_\_\_\_ MONTHLY RENT: \$ \_\_\_\_\_ LANDLORD: \_\_\_\_\_

IF YOU DO NOT OWN OR RENT, WHERE ARE YOU LIVING?: \_\_\_\_\_

HOW MANY PEOPLE DO YOU SUPPORT: \_\_\_\_\_ LIST THEIR NAMES AND AGES: \_\_\_\_\_

HOW MANY PEOPLE ARE LIVING IN THE HOUSEHOLD: \_\_\_\_\_ LIST THEIR NAMES AND AGES: \_\_\_\_\_

INCOME FOR ALL OTHER ADULTS IN THE HOUSEHOLD, IF MORE THAN ONE, INCLUDE / ATTACH ADDITIONAL:

PERSON EMPLOYED: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

EMPLOYER NAME / ADDRESS: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

LENGTH OF TIME EMPLOYED: \_\_\_\_\_ WEEKLY TAKE HOME PAY: \$ \_\_\_\_\_

DO YOU OR ANYONE IN YOUR HOUSEHOLD COLLECT ANY OF THE FOLLOWING? IF YES, LIST AMOUNT PER MONTH:

UNEMPLOYMENT: \$ \_\_\_\_ SOCIAL SECURITY: \$ \_\_\_\_ WELFARE: \$ \_\_\_\_ DISABILITY: \$ \_\_\_\_ FOOD STAMPS: \$ \_\_\_\_

RETIREMENT: \$ \_\_\_\_ PENSIONS: \$ \_\_\_\_ SPOUSAL AND / OR CHILD SUPPORT: \$ \_\_\_\_ RENTAL INCOME: \$ \_\_\_\_

IF YOU DO NOT HAVE ANY INCOME, HOW DO YOU SUPPORT YOURSELF: \_\_\_\_\_

DO YOU OWN A VEHICLE? IF YES, YEAR: \_\_\_\_ MAKE: \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_

DO YOU OWN ANY OTHER PROPERTY / ASSETS: Yes: \_\_\_\_ No: \_\_\_\_ IF YES, SPECIFY: \_\_\_\_\_

#### **AFFIDAVIT**

BY SIGNING THIS DOCUMENT, I REQUEST THAT THE MONTOUR COUNTY OFFICE OF THE PUBLIC DEFENDER REPRESENT ME FOR THE CHARGES NOW AGAINST ME. I VERIFY THAT I HAVE READ THE ENTIRE DOCUMENT AND THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT **ANY FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 19 PA.C.S.A SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND 16 P.S. SECTION 9960.8, OF THE PUBLIC DEFENDER ACT.**

I ALSO UNDERSTAND AND AGREE THAT IF MY FINANCIAL SITUATION CHANGES **IN ANY WAY**, INCLUDING BUT NOT LIMITED TO OBTAINING EMPLOYMENT, THAT I WILL NOTIFY THE MONTOUR COUNTY PUBLIC DEFENDER OFFICE IN WRITING, WITHIN SEVEN DAYS. IF I NEGLECT TO REPORT CHANGES IN MY INCOME I MAY BE SUBJECT TO SANCTIONS AND WITHDRAWAL, OF THE PUBLIC DEFENDER OFFICE, FROM MY CASE.

I ALSO AGREE TO REPORT ANY CHANGES OF ADDRESS OR PHONE NUMBER TO THE PUBLIC DEFENDER OFFICE ON OR BEFORE THE DATE THAT THEY ARE TO BE EFFECTIVE.

I VERIFY THAT THE STATEMENTS MADE IN THIS AFFIDAVIT ARE TRUE AND CORRECT. I UNDERSTAND ANY FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.A. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT SIGNATURE