ADAMS COUNTY OFFICE OF THE PUBLIC DEFENDER
111 Baltimore St., Room 6, Gettysburg, PA 17325
Phone: (717) 337-9842 Fax: (717) 337-2585
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POLICIES RELATED TO APPLICATIONS AND REPRESENTATION

- Applications must be completed in full and must include all required financial documentation, or the application will be denied.
- You must answer EVERY question. Simply writing N/A across the page or crossing out portions of the application in not acceptable. It is your responsibility alone to ensure that all necessary information is provided.
- **Each application MUST include the following:**
    1. **Copy of the Criminal Complaint and Affidavit of Probable Cause.**
    2. **Three (3) recent paystubs or if recently unemployed, from last job;**
    3. **Last three (3) months bank statements from all accounts held in your name;**
    4. **Your spouse's last three (3) paystubs or if recently unemployed, from last job;**
    5. **If not employed or retired, then statements of your Social Security, SSI/SSD, unemployment compensation, workers compensation, and/or pension/retirement payments;**
    6. **If no income at all, then a signed statement from the person(s) supporting you;**
    7. **Proof of child support you pay or child support you receive;**
    8. **Proof of monthly mortgage payments or monthly rent payments.**
- All applications must be submitted THREE (3) business days PRIOR to your next scheduled proceeding, or you WILL NOT receive counsel for your proceeding.
- Incarcerated applicants will not be required to provide financial documentation due to the inability to access it. HOWEVER, the application must, nonetheless, be completed in full. If you are released from incarceration while your matter is still pending, you MUST complete a new application and provide the required financial documentation.
- If your financial circumstances change in any manner, you must update our office and complete a new application with the required financial documentation.
- You must complete a new application for every new case and revocation that you receive. Do not assume that you will be provided our services.
- Unless you have a pending appeal, your representation by the Adams County Public Defender's Office ends thirty-one (31) days following your sentencing and/or revocation of supervision.
- Until such time as you have submitted an application which has also been approved, the Adams County Public Defender's Office does not consider you a client and will not discuss legal matters with you.
- If you are accepted as a client, the Adams County Public Defender's Office will only discuss your legal matters with you, unless you list other person(s) with whom you authorize us to discuss your case(s).
- If you are accepted as a client, then it is solely your responsibility to ensure the Adams County Public Defender's Office has all of your current contact information. You are solely responsible for providing any updated information.

APPLICATION FOR A PUBLIC DEFENDER TO REPRESENT YOU

Applicant's name: _____ Date of Birth: _____

Home address: _____

City:_____State:_____ Zip Code: _____

If incarcerated, where: _____ Inmate number: _____

Phone number: _____ Email address: _____

Are you a U.S. citizen? _____ If not then what is your status? _____

If not a U.S. citizen then what is your home country? _____

Do you need an interpreter? _____ If so then what language? _____

What is your legal issue? (*criminal charges*) or (*probation/parole violations*) or (*contempt*)

Current Charge(s): _____

Next court date and proceeding: _____

Anyone else charged with you? If so, then who? _____

If there is a victim then who? _____ What relation to you? _____

Are you currently on probation or parole? _____ If so, then where? _____

Are you being held on a detainer? _____ Describe detainer: _____

Who is your probation/parole officer, if any? _____

Is there Bail set? _____ How much and secured, unsecured or ROR? _____

Who posted bail and to whom was bail paid? _____

Criminal history, if any: _____

Prior attorney(s) used: _____

Attorneys contacted regarding this matter and the amount he/she/they quoted to retain their services: _____

Number of Persons with whom you reside: _____ along with the following information:

Name:	Age:	Their relation to you:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital status: (*single*) or (*engaged*) or (*married*) or (*divorced*) or (*separated*)

Are you employed? _____ If so, then where? _____

Employer's phone number and direct supervisor's name: _____

Your wages per hour or salary: _____ Average weekly net pay: _____

Spouse employed? _____ If so, then where? _____

Spouse's employer's phone number and supervisor's name: _____

Spouse's average weekly net pay: _____

If not employed now, then when & where were you employed last?

_____

Are you self-employed? _____ If so, then describe: _____

If self-employed what is your monthly gross amount received: _____

Are you a full-time student? _____ if so, then where? _____

If unemployed then indicate if you receive the following and the amount received:

Unemployment Comp per week: _____ Workers Comp per week: _____

VA Pension/Benefits per month: _____ Pension/Retirement per mo.: _____

SSI per month: _____ SSD per month: _____ Rents received per mo.: _____

Amount of child support you or your spouse receive per month:_____

Trust funds or any other source of money received: _____

Yours and spouse's savings account balance(s): _____

Yours and spouse's IRA/401k balance(s): _____

Other sources of income received by other members of your household and the amounts:

_____

Amount of monthly mortgage or rent paid: _____(proof required)

Amount of monthly child support you pay: _____(proof required)

If you have no income or source of money then who is supporting you?

Name: _____ Relation to you: _____

Phone number: _____ Address: _____

Persons you authorize your attorney and the public defender's office to communicate with about your legal matter(s): _____

VERIFICATION AS TO THE ANSWERS AND INFORMATION PROVIDED BY THE APPLICANT TO THE ADAMS COUNTY PUBLIC DEFENDER'S OFFICE

I, _____, hereby verify that the facts I have set forth in the above Application for a Public Defender are true and correct to the best of my knowledge and belief. I understand that the statements herein are made subject to the penalties of 18 Ps.C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date: _____ Applicant's Signature: _____

FOR OFFICE USE ONLY:

This application for representation by the Adams County Public Defender's Office is hereby:

ACCEPTED _____ DENIED _____

If denied, then the reason for the denial:

___ income exceeds income guidelines

___ application is incomplete, missing: _____

___ conflict, reasons: _____

___ other reason: _____

Date: _____ Public Defender: _____