

Date: _____

Approved: _____ Attorney: _____
Disapproved: _____ Reason: _____

SCHUYLKILL COUNTY
Office of the Public Defender
Application for Representation

** Can you read, write and understand English? Yes _____ No _____

NAME: _____ M _____ F _____

ADDRESS: _____

Presently in Prison: Yes _____ No _____

Are you currently on probation or parole? Yes _____ No _____

Date of Birth: _____ Age: _____

Social Security No.: _____ Phone No.: _____

Spouse's Name and Address: _____

Spouse's Date of Birth: _____

Your employment: _____

Your Weekly Take-Home Pay: _____

Spouse's employment: _____

Spouse's Weekly Take-Home Pay: _____

Preliminary Hearing Date and Time: _____

District Justice: _____

Charges: (Attach your criminal complaint) _____

Co-Defendant(s): _____

Bail: \$ _____ **Posted by:** _____

Is there any one who might financially aid you? _____
If yes, who? _____

Assets: Cash on Hand: _____ **In Bank:** _____
Unemployment: _____ **Welfare:** _____
Disability: _____ **Other:** _____

Real Estate: _____

Automobile: _____

Do you pay or receive support? _____ **Amount:** _____

Do you pay rent/mortgage? _____ **Amount:** _____

Have you consulted any other attorney regarding this case? _____

Prior Offenses:

Date: _____ **Offense(s):** _____

Place: _____ **Disposition:** _____

Education: What is the highest grade you completed? _____

Military Service: Branch: _____ **Years:** _____

Discharge: _____

Do you have any disease or disability: _____

If so, state the nature: _____

Father: _____

Phone No.: _____

Address: _____

Mother: _____

Phone No.: _____

Address: _____

Children: (List names and ages)

COURT OF COMMON PLEAS OF SCHUYLKILL COUNTY-CRIMINAL DIVISION

Commonwealth of Pennsylvania : No.
vs : Charge(s):
_____ :

WAIVER OF ARRAIGNMENT AND ENTRY OF PLEA

I, the undersigned defendant, hereby waive my right to be formally arraigned in Court. I acknowledge receipt of the "Notice of Arraignment and Trial" form in which my pre-trial rights are explained. I understand that the time within which I must exercise my pre-trial rights will begin to run from the date of arraignment. I hereby enter my plea of "not guilty" to the charges lodged against me.

Date: _____ (x) _____
(Defendant)

District Justice

Attorney for Defendant

ENTRY OF APPEARANCE (Pa.R.Crim.P. 302)

To the Clerk of Courts, Schuylkill County:

Kindly enter my appearance on behalf of the above captioned defendant with regard to the above captioned case(s).

Attorney for Defendant & ID Number

REQUEST FOR CONTINUANCE OF MAGISTERIAL DISTRICT JUDGE HEARING

COMMONWEALTH
vs

OTN # _____ Prev. Cont. YES () NO () # Prior Cont. Def. _____ DA _____
Def. Atty. _____ Asst. DA _____,
request that the hearing scheduled before Magisterial District Judge _____ for
_____, 20 _____, Reason _____

Asst. DA/Defense Counsel
*(The signature of Defense Counsel certifies that he/she has advised his/her client of the ramifications of the continuance request).

.....
I have been advised and I understand Rule 600 of PA Rules of Criminal Procedure. I am aware by signature that I am waiving my rights under Rule 600 for the period of this continuance.

Signature of Defendant

.....
MAGISTERIAL DISTRICT JUDGE:

ORDER OF COURT

AND NOW, this _____ day of _____, 20 _____, at _____
_____.M., it is **ORDERED** that the above request for continuance is **Granted** () **Denied** ().

BY THE COURT,

.....
COURT OF COMMON PLEAS:

ORDER OF COURT

AND NOW, this _____ day of _____, 20 _____, at _____
_____.M., it is **ORDERED** that the above request for continuance is **Granted** () **Denied** ().

BY THE COURT,

I depose and say:

1. I am the applicant herein.

2. I have read the foregoing application and know the content thereof and the same are true to my own knowledge, except as to matters therein stated to be alleged as to persons other than myself, and, as to those matters I believe it to be true.

3. This application is made to inform the Public Defender as to the status of my indigency and to induce the Public Defender to assign counsel to me as an indigent person in the matter now pending against me.

4. I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities. Punishment being a fine of not more than \$2,500.00 or imprisonment for not more than one (1) year or both.

5. I hereby authorize the Public Defender's Office to contact my employer and/or the Bureau of Employment Security and/or the Pennsylvania Department of Public Welfare to obtain a record of my wages for a period of not to exceed twelve (12) months.

6. I hereby authorize the Public Defender's Office to obtain account balance information from any bank or other financial institution in order to verify eligibility.

(x) _____