

Washington County Public Defender's Office

95 West Beau Street, Suite 500

Washington, PA 15301

Phone: (724) 228-6818

Fax: (724) 250-6516

In order to apply for the services of the Washington County Public Defender's Office, you must provide the following information, **at least 7 business days** prior to your scheduled court hearing:

1. A Completed Application

2. Proof of Income

(Ex: recent pay stub, ACCESS card, Medicaid card, SSI/SSD Determination Letter, most recent tax return)

3. Any Court Paperwork You Have Received

(Including the Criminal Complaint, Hearing Notice and/or Affidavit of Probable Cause)

Applications will **NOT** be accepted without the above information.

Applications can be mailed, faxed, or brought in person.
(If faxed, please confirm receipt by phone after sending)

Once your application is accepted, please notify the Public Defender's Office **immediately** of any phone number or address changes.

Office Use Only:

PD #: _____

Date Received: _____

JAIL IN PERSON OTHER

Date: _____

Name: _____

Alternative Name / Alias : _____

Mailing Address (House #, Street Name): _____

(Apt #. Or PO Box): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ - _____ - _____ Social Security Number: _____ - _____ - _____

Birthdate: _____ Age: _____ Sex: Male / Female

Marital Status: _____ Name of Spouse: _____

Name & Ages of Minor Children in Household: _____

Emergency Contact Person: _____

Phone Number: _____ Relation: _____

CASE INFORMATION

Do You Have a Bond Set? Yes / No Amount: _____

Hearing Date: _____ Time: _____ OTN: _____

Magistrate/Judge: _____ Case Number: _____

Charges: _____

EMPLOYMENT / FINANCIAL INFORMATION

Are You Employed? Yes / No

Name & Address of Employer: _____

Gross Monthly Wages: _____

If Unemployed, Where & When Did You Last Work: _____

If Unemployed, Source of Income: _____ Amount: _____

Is Your Spouse Employed? Yes / No

Name & Address of Spouse's Employer: _____

Spouse's Gross Monthly Wages: _____

Do You Have Money in a Bank? Yes / No Amount: _____

Do You Own Stocks, Bonds, Real Estate? Yes / No Value: _____

EDUCATION / TRAINING

Highest Grade Level Completed: _____ School: _____

Any Work-Related Training: _____

College/Technical School: _____ Location: _____

MILITARY SERVICE

Have You Served in the Armed Forces? Yes / No

Length of Service: _____ to _____ Branch: _____

Highest Rank Achieved: _____ Type of Discharge: _____

CRIMINAL HISTORY

Do You Have a Prior Criminal Record? Yes / No

What County/State: _____

Charges/Disposition: _____

Are You Currently on Probation / Parole? Yes / No

Where: _____ Probation / Parole Officer: _____

HEALTH INFORMATION

Do You Have an Addiction to Drugs / Alcohol? Yes / No

Are You Receiving Counseling/Treatment? Yes / No

If Yes, Where: _____

Have You Ever Been a Patient in a Mental Institution? Yes / No

If Yes, Where: _____

Do You Have Any Serious Illnesses / Disabilities? Yes / No

If Yes, Explain: _____

Are You Currently Taking Any Medication? Yes / No

If Yes, List: _____

ADDITIONAL CASE INFORMATION

Do You Have a Detainer / Bench Warrant? Yes / No

If You Have a Detainer, Explain: _____

If You Have a Bench Warrant, Explain: _____

Did You Give a Statement to the Police? Yes / No

If Yes, Were Miranda Rights Given? Yes / No

Name & Address of All Co-Defendants (Anyone Else Involved):

(1) _____

(2) _____

(3) _____

Name & Address of All Witnesses:

(1) _____

(2) _____

(3) _____

Do You Have an Alibi? Yes / No

If Yes, Name & Address of Alibi Witness: _____

Were Any Threats, Promises, or Coercion Used by Police? Yes / No

If Yes, Explain: _____

ADDITIONAL DETAILS / BRIEF CASE SUMMARY

(Anything else you would like to let the attorney know)

CERTIFICATION

The Washington County Public Defender’s Office of Washington, Pennsylvania provides no-cost representation to defendants in criminal cases who are indigent. By signing this form, I am requesting such representation. I am requesting this representation based on the financial information that I have submitted. I agree to accept the services of any attorney from the Public Defender’s Office who is assigned to handle my case.

If my case is accepted for representation, **I understand that it is my duty to notify the Public Defender’s Office of any change in my financial situation (such as obtaining employment or changing employment).** Failure to update the Public Defender’s Office of any change in financial circumstances may result in a request to withdraw as counsel from your case.

Print Name: _____

Signature: _____

Date: _____