## COMMONWEALTH OF PENNSYLVANIA, COUNTY OF CLINTON

You must complete this Application in full. If the answer is "None," please write "None" on the space for the answer. If the answer is "non applicable," please write "NA" on the space for the answer. Read the total Application and sign and date the Application on the last page.

## APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER

Name				Docket Number		
Age				Address Line	1	
Telephone Number				Address Line 2		
Email				State		Zip code
Present Employer				Address of E	mployer	
Current gross earnings per month				State		Zip code
Current net earnings	per month					
If not currently emp	loyed, please lis	t name of last	employer			
Current gross earnin	gs per month			Last date wor	rked	
Current net earnings	per month					
Marital Status:	Single	Married	Divorced	Separated	Widowed	
Number of children	under eighteen	(18) years of a	age residing with	you:		
Is your wife or husb	and employed?	YES	NO Gross	pay per week of	wife or husband	
Do you, or if marrie	d, your wife/hu	sband, have ar	ny money? Y	ES NO		
If so, how much: On	n your person:_		In custody o	f Warden:	At home: _	
Checking Account:		Savi	ngs Account:		Elsewhere:	

is received:				
Public Assistance:	Unemployment Com	Unemployment Compensation:		
Disability:	Social Security:	Social Security:		
Alimony:	Interest Income:	Interest Income:		
Pension:	Support:	Support:		
Stock Dividends:	Workers' Compensa	Workers' Compensation:		
Other:				
Do you, or if married, your wife or husband, own any  If so, please give address:				
Fair Market Value:	Monthly Payment: _	Monthly Payment:		
Please list any mortgages, judgments, or liens and the				
If "Yes," what is the amount of the rent paid each more Are you presently incarcerated? YES NO  Magisterial District where charges occurred:  Lock Haven	Mill Hall	Renovo		
MDJ Keith G. Kibler	MDJ Heidi M. Wright 25-3-02	MDJ Frank P. Mills 25-3-03		
I understand that I have continuing obligation If my case is before a Magisterial District Judinformation in writing to the Magisterial Dist	lge, when my financial c			
If my case is before a Judge of the Court of C submit that information in writing to the Cler Haven, Pennsylvania.	•	<b>G</b> *		
I verify that the statements in this Application understand that false statements herein are manusworn falsification to authorities.				
Date	Signature	Signature of Defendant		

Do you, or if married, your wife or husband, collect any of the following, and if so, please list amount and the frequency that the income