



OFFICE OF PUBLIC DEFENDER
OF THE COUNTY OF PIKE

PUBLIC DEFENDER
ROBERT F. BERNATHY

FIRST ASSISTANT PUBLIC
DEFENDER
AMANDA L GUMBLE

ASSITANT PUBLIC DEFENDER
CHRISTIAN E. WEED

102 EAST JOHN STREET SUITE 1
MILFORD, PA 18337
TELEPHONE 570-296-5266
FAX 570-296-3566

NOTICE

TAKE THESE DOCUMENTS TO YOUR ATTORNEY WITHIN 48 HOURS

A date has been set for a Juvenile Delinquency Hearing. Your child must be represented by an attorney at the Hearing and you must obtain your own attorney. Take all of the paperwork you received from the District Attorney to your attorney **IMMEDIATELY**.

If you refuse to provide your child with an attorney, you must make application for a Public Defender. Assignment of a Public Defender is based on the poverty level. A copy of the application is attached.

To Apply for a Public Defender:

1. Complete the attached Application.
2. Return the completed Application **IN PERSON** to the Pike County Public Defender's Office, 102 East John Street Suite 1, Milford, PA 18337 between the hours of 8:30 a.m. and 11:30 a.m. - Monday through Friday.
3. Bring the following required items with you:
 - All paperwork from the District Attorney's Office
 - A true copy of parent(s) most recent Federal Income Tax Return, including W-2's
 - Parent(s) most recent pay stubs showing year to date earnings
 - Parent(s) statement of unemployment payments
 - Your Public Assistance I.D. card
 - Proof of any compelling or extraordinary expense
 - Your child's Birth Certificate, Social Security Card & School I.D.

Fraudulent Answers on the Application will be subject to prosecution pursuant to 16 P.S. §9960.8 If you are not approved for Public Defender representation you will have to seek private counsel. If your financial circumstances change while your case is pending, you may need to seek private counsel.

If found to be a delinquent minor, parent(s) may be assessed all or part of the cost of treatment, residential placement, supervision fees and victim restitution.

I refuse to provide my child with legal counsel:

Signature

Date



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JUVENILE APPLICATION FOR PUBLIC DEFENDER

THIS APPLICATION MUST BE COMPLETED AND TAKEN IN PERSON TO THE PIKE COUNTY PUBLIC DEFENDER'S OFFICE WHICH IS OPEN 8:30 A.M. to 11:30 A.M. MONDAY THROUGH FRIDAY AT 102 EAST JOHN STREET SUITE 1, MILFORD, PA 18337. THIS MUST BE DONE IN PERSON BY THE PERSON REQUESTING A PUBLIC DEFENDER FOR THEIR CHILD WELL BEFORE THE JUVENILE HEARING. ALL QUESTIONS MUST BE ANSWERED.

If you wish Public Defender representation, it is your responsibility to contact the Office immediately. Bring a copy of this Application and all other papers relevant to your case.

The phone number is (570) 296-5266

The address is 102 East John Street Suite 1, Milford, PA 18337

A. JUVENILE CHARGE INFORMATION

Charges: _____
Date: _____

When is the Pre-Adjudication Hearing at District Attorney's Office?
Date: _____ Time: _____

When is the Adjudication Hearing at Court of Common Pleas?
Date: _____ Time: _____

B. JUVENILE INFORMATION

Name: _____ Gender: _____
Social Security #: _____ Birthday: _____
Marital Status: _____ Race: _____
Address: _____

Home Phone: _____ Cell Phone: _____ Other _____

C. PREVIOUS ADDRESSES (List the last three)

1. _____
City: _____ State: _____ Zip: _____

2. _____
City: _____ State: _____ Zip: _____

3. _____
City: _____ State: _____ Zip: _____

D. EDUCATION INFORMATION

High School Name: _____
City: _____ State: _____
Last Grade Completed: _____ When: _____

Other Education (GED, Trade School)

Name of School: _____
Where: _____ When: _____

E. JUVENILE'S EMPLOYMENT INFORMATION

I am Currently Employed:

Start Date: _____ End Date: _____ Employer: _____
Position Held: _____ Phone: _____ Wage: _____

I am Currently Unemployed:

Why? _____
Present means of support (who pays for food, rent, etc.) _____

F. PARENT(S) FINANCIALS

Income (per month)

Wages:	\$ _____	Unemployment:	\$ _____
Retirement:	\$ _____	Public Assistance	\$ _____
Food Stamps	\$ _____	SSI/Social Security	\$ _____
Other (Settlement/Annuity)	\$ _____	Workmen's Comp	\$ _____

Do you own any stocks, bonds, checking/savings accounts or trust incomes (List accounts and balances)?

Do you have any money? _____ How much: _____ Where: _____

Can you secure a loan? _____
Does anybody owe you money? _____ If so, how much? \$ _____

G. RESIDENCE INFORMATION

Residence Type (Circle One): House / Apartment / Trailer / Other
Describe: _____

Do you Own/Rent (Circle One): Own / Rent / Other
Describe: _____

If you own, house Value: _____ Monthly Rent/Mortgage: _____

H. JUVENILE'S PERSONAL INFORMATION

Citizen: _____ Guns in the House (if yes type) _____
Eye Color _____ Hair Color _____ Height _____ Weight _____
Religion _____ Birthplace _____

I. RELATIONSHIPS (Please list people we may contact on your behalf for court)

Relationship type (Mother/Father/Friend, etc.): _____ Name: _____
Address: _____ Phone: _____
Emergency Contact (Y/N) _____ Age: _____

Relationship type (Mother/Father/Friend, etc.): _____ Name: _____
Address: _____ Phone: _____
Emergency Contact (Y/N) _____ Age: _____

Relationship type (Mother/Father/Friend, etc.): _____ Name: _____
Address: _____ Phone: _____
Emergency Contact (Y/N) _____ Age: _____

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Address: _____ Phone: _____
Emergency Contact (Y/N) _____ Age: _____

Relationship type (Mother/Father/Friend, etc.): _____ Name: _____
Address: _____ Phone: _____
Emergency Contact (Y/N) _____ Age: _____

J. DRIVER'S LICENSE

Driver's License (Y/N) _____ Valid: _____ State of Issue: _____
Ever Suspended (Y/N) _____ Where: _____

K. VEHICLE INFORMATION

Year: _____ Manufacturer: _____ Model: _____
Color: _____

L. PRIOR RECORD (List **ALL** convictions, in **ALL** States as a Juvenile/Adult – Summary Offenses, Misdemeanors, Felonies). Without this information the Public Defender cannot give you accurate advice.

YEAR	CRIME	WHERE	SENTENCE / FINE	FACILITY

I swear under penalty of perjury that all answers given above are true and correct.

Juvenile's Signature

Date