

## POTTER COUNTY PUBLIC DEFENDER

Walter Stenhach, Esquire  
Gunzburger Annex, Suite 134  
One North Main Street  
Coudersport, PA 16915  
Ph: (814) 274-8288  
Fax: (814) 274-3220

Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.

### **TOTAL HOUSEHOLD INCOME**

IF PAGE THREE OF PUBLIC DEFENDER APPLICATION IS  
NOT COMPLETED AND PROOF OF INCOME OR W-2  
PROVIDED YOUR APPLICATION WILL BE RETURNED.

#### **To verify your income, you should send:**

- Your last 4 pay stubs
- Your previous tax return
- Proof of SSI or other government support or your Access card
- If you are not employed, not receiving public assistance and not receiving some kind of government support, you should bring a letter from the relative or friend who is supporting you now.

Any potential client who fails or refuses to provide adequate proof of income will not be approved for representation through the Potter County Public Defender's Office.

After we have determined that you are charged with an offense covered by the Public Defender Act and that you are not financially able to hire a private attorney, you will be interviewed about the charges and you will have the opportunity to speak with a lawyer about your case.

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If your income should change during the course of your case, you **MUST** report that change to this office immediately. Failure to do so may result in this office filing a motion to withdraw from your case, filing a civil action seeking repayment (by you) of the reasonable value of the services you have received from this office subsequent to the date of your income change, and/or criminal charges being filed against you for Unsworn Falsification.

You are also advised that Office of the Public Defender of Potter County has sole authority to assign an attorney to your case(s). You **DO NOT** have the right to an attorney of your choice, and you may be assigned one or more different attorneys at various points during your case.

**You are also advised that your contact with this office shall take place in one of four way, all of which must be directed to the Office of Public Defender ONLY and at the address set forth at the top of the application: 1) face to face meeting by appointment (call our office to schedule a meeting); 2) by telephone; or 3) by letter.** Note that this office is not permitted to accept collect telephone calls from any prison facility, and any attempted collect call will be refused. If you have an emergency situation please have your warden telephone this office and we return your call. As to the nature of your communications, please note that this office can only assist you with the specific criminal acts you have set forth in your application. Do not contact this office with problems you are having with certain officers or inmates at prison, prison visitations, problems with your parole or probation after you have been sentenced, family issues or other civil matters indirectly related to your criminal charges, work release issues after sentence, or any other matter not directly relating to your criminal case.

**Application for Public Defender Services**

In the Court of Common Pleas of POTTER COUNTY, Pennsylvania  
Potter County Public Defender

Walter Stenhach, Esq.  
Potter County Public Defender  
Gunzburger Annex, Suite 134  
One North Main Street  
Coudersport, Pa 16915

Phone: (814)-274-8288

Fax: (814)-274-3220

NAME:

CHARGES:

MAGISTERIAL DISTRICT JUDGE

CO-DEFENDANTS:

PRELIMINARY HEARING DATE:  TIME:

BAIL/BOND:  CASH/PROPERTY:

OTN:  DOCKET#:

**CAUTION: READ CAREFULLY BEFORE SIGNING**

**THIS APPLICATION MUST BE COMPLETED IN FULL OR IT CANNOT BE CONSIDERED. IN ADDITION, THIS APPLICATION MUST BE COMPLETED AT LEAST 7 BUSINESS DAYS PRIOR TO YOUR PRELIMINARY HEARING.**

ALL INFORMATION PROVIDED IN THIS APPLICATION MUST BE ACCURATE. IT WILL BE RELIED UPON BY THIS OFFICE IN DETERMINING YOUR ELIGIBILITY FOR SERVICES AND ALSO BY YOUR ATTORNEY IN ORDER TO REPRESENT YOU IN THIS MATTER. FAILURE TO ACCURATELY PRESENT YOUR FINANCIAL CIRCUMSTANCES MAY RESULT IN FINANCIAL LIABILITY ON YOUR PART FOR SERVICES PERFORMED BY YOUR ATTORNEY.

**For Official Use Only**

Date Received \_\_\_\_\_  
Accepted / Denied \_\_\_\_\_  
Reason for Rejection \_\_\_\_\_

**PERSONAL DATA:**

CAN YOU READ, WRITE UNDERSTAND THE ENGLISH LANGUAGE?  YES  NO

FULL NAME: \_\_\_\_\_

LIST ANY OTHER NAMES YOU MAY BE KNOWN AS: (MAIDEN NAME) \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE:  ZIP:

PHONE#  CELL PHONE#  WORK/OTHER PHONE#

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? \_\_\_\_\_

WHO LIVES WITH YOU? \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED)

DATE OF BIRTH:  AGE:

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOWED

IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_

NUMBER OF CHILDREN  DO YOU SUPPORT THEM FINANCIALLY?  YES  NO

DO CHILDREN LIVE WITH YOU?  YES  NO HOW MANY LIVE WITH YOU?

NAME AND AGES OF ALL CHILDREN \_\_\_\_\_

NAME OF PERSON AWARE OF YOUR WHEREABOUTS MOST OF THE TIME: \_\_\_\_\_

THEIR ADDRESS: \_\_\_\_\_

PHONE#  RELATIONSHIP TO YOU: \_\_\_\_\_

**PHYSICAL MENTAL ISSUES:**

DO YOU HAVE ANY PHYSICAL OR MENTAL HEALTH PROBLEMS?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU PRESENTLY UNDER THE CARE OF A DOCTOR?  YES  NO

IF SO, STATE HIS NAME, ADDRESS AND PHONE# \_\_\_\_\_

DO YOU TAKE ANY MEDICATIONS?  YES  NO

IF SO, LIST ALL: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOLS/COLLEGES YOU HAVE ATTENDED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEARS/GRADES COMPLETED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFO:**

ARE YOU EMPLOYED?  YES  NO

IF YES, EMPLOYER'S NAME AND ADDRESS

[Redacted]

HOW LONG HAVE YOU BEEN EMPLOYED?

[Redacted] HRS/WEEK [Redacted] AMOUNT/HR: \$ [Redacted]

IF NOT EMPLOYED, WHERE AND WHEN DID YOU LAST WORK?

[Redacted]

HRS/WEEK: [Redacted] AMOUNT/HR: \$ [Redacted] DATE EMPLOYMENT ENDED: [Redacted]

DO YOU RECEIVE SSI, SSDI, UNEMPLOYMENT ETC?  YES  NO HOW MUCH PER MONTH \$ [Redacted]

ARE YOU MARRIED?  YES  NO IF YES, IS YOUR SPOUSE EMPLOYED?  YES  NO

IF YES, NAME AND ADDRESS OF SPOUSE'S EMPLOYER:

[Redacted]

SPOUSE'S HOURS PER WEEK [Redacted] AMOUNT PER HOUR \$ [Redacted]

DO YOU RECEIVE PUBLIC ASSISTANCE OF WELFARE?  YES  NO

FOOD STAMPS: HOW MUCH PER MONTH? [Redacted]

CASH ASSISTANCE: HOW MUCH PER MONTH? [Redacted]

WHAT WAS YOUR HOUSEHOLD TOTAL INCOME FOR THE PAST 12 MONTHS? [Redacted]

\*INCLUDE ALL CASH ASSISTANCE, SSI, SSDI, CHILD SUPPORT, UNEMPLOYMENT, ETC)

Must include last four paystubs or W-2.

**FINANCIAL STATUS**

**VALUE**

CASH, CHECKING, AND/OR SAVINGS ACCOUNT	\$	[Redacted]
REAL ESTATE (DO YOU OWN HOME/PROPERTY)	\$	[Redacted]
CAR(S) [Redacted] YEAR [Redacted] MAKE [Redacted]	\$	[Redacted]
MONEY ON THE PERSON OR AT HOME	\$	[Redacted]
MONEY OWED TO YOU	\$	[Redacted]

TOTAL ASSETS [Redacted] \$0.00

MORTGAGE (TOTAL OWED) \$ [Redacted]

**LIST ALL MONTHLY BILLS AND DEBTS YOU PAY:**

[Redacted]	\$	[Redacted]
[Redacted]	\$	[Redacted]
[Redacted]	\$	[Redacted]
[Redacted]	\$	[Redacted]
[Redacted]	\$	[Redacted]

TOTAL DEBTS [Redacted] \$0.00

HOW ARE YOU PAYING BILLS, BUYING NECESSITIES, ETC (BE SPECIFIC PLEASE):

[Redacted]

**PRESENT OFFENSE INFORMATION:**

**CURRENT CHARGES:** \_\_\_\_\_

**DATE OF OFFENSE:** \_\_\_\_\_ **PLACE OF OFFENSE:** \_\_\_\_\_

**PROSECUTING OFFICER:** \_\_\_\_\_

**ARE YOU PRESENTLY IN JAIL?**  YES  NO

**IF SO, WHY?** \_\_\_\_\_

**WHAT IS THE AMOUNT OF BOND?** \_\_\_\_\_ **WHO SET THE BOND?** \_\_\_\_\_

**WILL YOU OR SOMEONE ELSE BE ABLE TO POST YOUR BOND?**  YES  NO

**IF SOMEONE ELSE, WHO?** \_\_\_\_\_ **RELATIONSHIP?** \_\_\_\_\_

**WAS BAIL/BOND POSTED?**  YES  NO

**IF YES, ANSWER THE FOLLOWING**

**BAIL WAS PAID BY** \_\_\_\_\_ **RELATIONSHIP TO YOU?** \_\_\_\_\_

**IN THE AMOUNT OF** \_\_\_\_\_  CASH  PROPERTY

**HAVE YOU HAD AN ATTORNEY AT ALL DURING THIS CASE?**  YES  NO

**IF SO, ATTORNEY'S NAME:** \_\_\_\_\_

**LIST ALL POTENTIAL WITNESSES: (NAME, ADDRESS, PHONE# OF ANY PERSON HAVING KNOWLEDGE OF YOUR ACTIONS AND/OR WHEREABOUTS DURING THE PERIOD)**

\_\_\_\_\_

**TELL US YOUR SIDE OF THE STORY, WHAT YOU KNOW ABOUT THE CHARGE AGAINST YOU.**

\_\_\_\_\_

**DID YOU GIVE AN ORAL OR WRITTEN CONFESSION TO ANYONE?**  YES  NO  
**IF YES, TO WHO?** \_\_\_\_\_

**YOU WERE IDENTIFIED, THAT'S WHY YOU ARE BEING CHARGED. HOW AND BY WHOM WERE YOU IDENTIFIED?**

\_\_\_\_\_

**DID YOU SIGN ANY STATEMENTS?**  YES  NO

**DID YOU HAVE A PRELIMINARY HEARING?**  YES  NO **IF SO, WHEN?** \_\_\_\_\_

**CRIMINAL HISTORY:**

**JUVENILE RECORD:**

DATE	COUNTY	OFFENSE	SENTENCE

**ADULT RECORD:**

DATE	COUNTY	OFFENSE	SENTENCE

ARE THERE ANY OTHER CASES IN COURT RIGHT NOW?  YES  NO  
IF SO, WHAT AND WHERE?

\_\_\_\_\_

ARE YOU PRESENTLY ON PROBATION/PAROLE?  YES  NO  
IF YES, WHAT COUNTY? \_\_\_\_\_

YOUR PROBATION/PAROLE OFFICER'S NAME: \_\_\_\_\_  
BY WHOM AND WHEN WERE YOU SENTENCED: \_\_\_\_\_

HAS THIS OFFICE REPRESENTED YOU IN THE PAST?  YES  NO  
IF YES, WHEN? \_\_\_\_\_

WHAT WERE THE CHARGES?  
\_\_\_\_\_

**DOMESTIC CONTEMPT CHARGE:**

IF YOU ARE SEEKING COUNSEL FOR A DOMESTIC CONTEMPT CHARGE, COMPLETE THE FOLLOWING:

HAVE YOU HAD A CONTEMPT HEARING BEFORE THE DOMESTIC RELATIONS HEARING OFFICER?  
 YES  NO IF YES, WHEN WAS THE HEARING? \_\_\_\_\_

IS A COMPLIANCE HEARING SCHEDULED BEFORE A JUDGE?  YES  NO  
IF YES, WHEN IS THE HEARING SCHEDULED? \_\_\_\_\_

IF YOU HAVE TITLE IV-D/SUPPORT COUNSEL, WHO IS YOUR ATTORNEY?  
\_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA**

Potter County Public Defender

SS

The undersigned, being duly sworn according to law, upon (his)(her) oath deposes and says:

1. I am the petitioner in the above entitled action.
2. I have read the foregoing petition and know the contents thereof and the same are true to my 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 affidavit is made to inform the Court as to my status of indigency and to induce the court to assign counsel to me as an indigent defendant for my defense against the criminal charges that have been made against me.
4. In making this affidavit, I am aware that perjury is a felony and that the punishment is a fine of not more than \$3,000.00 or imprisonment for not more than seven years or both.



\_\_\_\_\_

Signature of Applicant

**WHEREFORE, the Petitioner prays:**

That the Public Defender of POTTER COUNTY, Pennsylvania represents me in the above criminal case without fee or costs to me as defendant. If I should become employed or my financial situation changes at any time prior to my trial, I am aware that I must notify the Public Defender's Office as to such change.

I am willing to accept the services of any lawyer in the Public Defender's Office who is assigned to handle my case.

I understand that any person making affidavits or false statements to secure counsel and services under the provisions of the Public Defender Act may be subjected to the penalties prescribed by law for perjury and false swearing as provided in Title 18, Pennsylvania Consolidated Statutes, Section 4902, et seq.



\_\_\_\_\_

Signature of Applicant

DATE: \_\_\_\_\_