

# Office of the Public Defender

## County of Lebanon



**CHIEF PUBLIC DEFENDER**  
BRIAN L. DEIDERICK

**FIRST ASST. PUBLIC DEFENDER**  
NICHOLAS J. SIDELNICK

**MENTAL HEALTH DEFENDER**  
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**ASSISTANT PUBLIC DEFENDERS**  
VIENNA M. VASQUEZ  
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Municipal Building, Room 122  
400 South Eighth Street  
Lebanon, Pennsylvania 17042  
Telephone (717) 228-4421  
Fax (717) 228-4464

**RE: Application for Public Defender Services – Criminal Charges Only**

As a result of the building closure, you are not able to physically come to the Office of the Public Defender in order to apply. Attached is the Application for Public Defender Services. **This is ONLY for pending criminal matters here in Lebanon County.**

**IMPORTANT** – Please be certain to include the most accurate contact information. Even if your Court case is scheduled in May, June, or July, we will be doing our best to promptly process applications and schedule intake appointments by telephone.

The Pennsylvania Supreme Court directed that all Pennsylvania Courts be generally closed to the public lasting through at least April 30, 2020, subject to general and specific directives and exceptions. This closure and the need to re-schedule court hearings makes the accuracy of your contact information extremely important.

You may return the completed application in the following ways: (1) return the completed application to the rear doors of the Lebanon County Municipal Building during regular business hours; (2) scan and e-mail the completed application to [PublicDefender@lebcnty.org](mailto:PublicDefender@lebcnty.org); (3) fax the completed application to 717-228-4464; or (4) mail the application to address above.

Finally, you may reach the Office of the Public Defender by telephone (717-228-4421) and by e-mail ([PublicDefender@lebcnty.org](mailto:PublicDefender@lebcnty.org)). You may leave a voicemail – we are reviewing them and attempting to return them as quickly as possible. We will be posting updates regarding the closure on the voicemail greeting.

Thank you for your patience and understanding in these difficult times.

Very truly yours,

Brian L. Deiderick  
Chief Public Defender

**\*\* You may remove this top page as it has the important contact information for the Office of the Public Defender\*\***

# APPLICATION FOR PUBLIC DEFENDER SERVICES OF LEBANON COUNTY

**Instructions: You must fill out this application completely and truthfully.**

**APPLICANT Name:** \_\_\_\_\_

Alias: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel.#: \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Married     Single     Separated/Divorced

Do you have children under the age of 18 that live in your home? YES NO If yes, how many: \_\_\_\_\_

**CITIZEN OF US** (circle) YES NO If not, what country: \_\_\_\_\_

Visa Status: \_\_\_\_\_ **Interpreter Needed:** YES NO Language: \_\_\_\_\_

**HAVE YOU EVER SERVED IN THE U.S. MILITARY?** YES NO

YOU ARE HERE FOR:  Criminal Charges     Parole/Probation Violation     PFA Violation

PREVIOUS PUBLIC DEFENDER? YES NO Name: \_\_\_\_\_

If Parole/Probation Violation, who is your P.O.? \_\_\_\_\_

List the new charge(s)/violation(s): \_\_\_\_\_

Court Date(s) for New Charge(s): \_\_\_\_\_

Co-Defendant(s): YES NO List the name(s): \_\_\_\_\_

Victim(s): YES NO List the name(s): \_\_\_\_\_

**Have you ever been charged with a criminal offense in the past?** YES NO

List year, city or state, type of offense and outcome of case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse pay/receive child support? YES NO \$\_\_\_\_\_/monthly  
 Do you or your spouse receive Public Assistance? YES NO \$\_\_\_\_\_/monthly  
 Do you or your spouse receive SSI or SS Disability? YES NO \$\_\_\_\_\_/monthly  
 Do you or your spouse receive Unemployment? YES NO \$\_\_\_\_\_/monthly  
 Do you or your spouse receive Retirement or Pension? YES NO \$\_\_\_\_\_/monthly  
 Are you currently employed? YES NO \$\_\_\_\_\_/monthly

Employer Name and phone: \_\_\_\_\_

Is your spouse currently employed? YES NO \$\_\_\_\_\_/monthly

Employer name and phone: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME: (Add all monthly totals of income listed above):** \$ \_\_\_\_\_

**MONTHLY EXPENSES:** Rent/Mortgage: \$ \_\_\_\_\_

Utilities/Phone: \$ \_\_\_\_\_

Child Support Payments: \$ \_\_\_\_\_

Loan/Credit Cards/Others: \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

I \_\_\_\_\_, hereby apply for the services of the Public Defender. I understand that the Public Defender is required by law to take my financial statement under penalty of perjury and that if it is determined by the Office of the Public Defender that I am able to hire a private attorney, the Public Defender cannot represent me. In support of my application I declare under penalty of perjury that the above statements are true and correct:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## STATEMENT OF APPLICANT

I, \_\_\_\_\_ in support of my application for Public Defender services, hereby verify that the following are true and correct to the best of my knowledge, information and belief:

1. I am the applicant seeking the services of the Public Defender of Lebanon County.
2. I have read the foregoing application, know and understand the contents thereof and the same are true to my knowledge, except as matters therein state to be alleged as to persons other than myself, and as to those matters I believe it to be true.
3. This application and information is made to inform the Office of the Public Defender as to my financial status and to induce them to assign me counsel as an indigent defendant for my defense against the criminal charge(s) that have been filed against me.
4. I understand that if my financial condition changes or if it is discovered that I have the means and ability to afford counsel, the Office of the Public Defender may Petition the Court to withdraw as my counsel.
5. I understand that by signing this statement, I am authorizing the Office of the Public Defender of Lebanon County to extend time constraints by filing/requesting continuances from time to time. My assigned attorney has the authority to request a continuance at any stage of the proceeding and for any reason he or she deems proper, though they will always be mindful of my speedy trial rights and will do their best to see that they are preserved.
6. In making this application, I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 in relation to un-sworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print)