



OFFICE OF PUBLIC DEFENDER  
OF THE COUNTY OF PIKE

PUBLIC DEFENDER  
ROBERT F. BERNATHY

102 EAST JOHN STREET SUITE 1  
MILFORD, PA 18337  
TELEPHONE 570-296-5266  
FAX 570-296-3566  
EMAIL: publicdefender@pikepa.org

**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

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**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: \_\_\_\_\_

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: \_\_\_\_\_

**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.

<b>YEAR</b>	<b>CRIME</b>	<b>WHERE</b>	<b>SENTENCE / FINE</b>	<b>FACILITY</b>

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

\_\_\_\_\_  
Juvenile's Signature

\_\_\_\_\_  
Date