

OFFICE OF THE PUBLIC DEFENDER

BRUCE P. BLOCHER
Chief Public Defender

CLASINA HOUTMAN
First Assistant

YORK COUNTY JUDICIAL CENTER
45 NORTH GEORGE STREET
YORK, PENNSYLVANIA 17401
TELEPHONE: 717-771-9217
FAX: 717-771-4759

HOW TO APPLY FOR A PUBLIC DEFENDER

Come to the Public Defender's Office in person to apply and have an intake interview done during the hours listed below. We are located on the 3rd floor of the York County Judicial Center. If you live more than 2 hours' travel away or have other valid reason as to why you cannot apply in person, please call to see if we can schedule you for a phone intake instead. Please be prepared to provide documents regarding your income at the time of your application.

If you have a preliminary hearing scheduled before the following MDJs, we may be able to conduct your intake interview immediately prior to your preliminary hearing:

19-1-03- vacant 203 Dart Dr. Hanover	19-3-09 – Gross 700 Yorktown Rd Lewisberry	19-3-03- Manifold 72 N. Main St, Ste 2 Stewartstown	19-3-06 – Reilly 4824 Walters Hatchery Rd Spring Grove
19-3-05- Sneeringer 20 Wayne Ave Ste 2 Hanover	19-3-04 – Sweeney 165 Fairview Ct New Freedom	19-3-10 – Thomas 126 W. Harrisburg Pike Ste 200 Dillsburg	

Please come to this MDJ Office at least 30 minutes early and bring with you the filled out application and income information. We will still need to determine if you qualify for our services and if we have a conflict, which may cause a delay of your hearing. We encourage you to apply in advance to avoid such delays.

For all other MDJs, you must apply **at least ONE WEEK** prior to your preliminary hearing.

If you are in jail because of your charges, please fill out a Public Defender application there as soon as possible and one of our Inmate Coordinators will do your intake interview.

****Please Note: The Public Defender's Office does not offer representation for traffic citations or summary offenses unless you are facing jail as a result of these charges****

HOURS TO APPLY IN PERSON

MONDAY: 8:30-11:30 & 1:00-4:00

TUESDAY: 8:30-11:30 & 1:00-4:00

WEDNESDAY: 8:30-11:30 & 1:00-4:00

THURSDAY: 8:30-11:30 & 1:00-4:00

FRIDAY: 8:30-11:30 - NO PM HOURS

YORK COUNTY PUBLIC DEFENDER APPLICATION

PLEASE PRINT and fill in the application completely

If you receive any new charges after your initial interview, you must re-apply for every charge.

Last Name: _____ First Name: _____ Middle Name: _____

Alias: _____ Date of Birth: ____/____/____

Dr. Lic. Statè: _____ Dr. Lic. # _____ Soc. Sec. # _____

Race: _____ Gender: M / F Ht.: _____ Wt.: _____ Hair Color: _____ Eye Color: _____

Mailing Address (if your name is not on the mailbox, you need to provide c/o name so your mail gets delivered):

_____ Apt./Floor/Lot #: _____

City: _____ State: _____ Zip Code: _____ Phone #: Home: _____

E-mail: _____ Cell: _____

Military Veteran: _____ Yes _____ No Branch: _____ Other: _____

Interpreter Needed: _____ Yes _____ No Language: _____

Please place an X next to all that apply:

You are here for: _____ Criminal Charges _____ DRO _____ County PV
_____ State PV _____ PFA/ICC _____ Appeal Issues _____ Other

How many separate cases are you applying on today? _____

What are your charges: _____

Who else was involved: _____

Current bail amount for all charges: _____

Magisterial District Judge: (Please list them all) _____

Next Court Date: ____/____/____ Time: _____

Type: (Circle one) Prelim. Hrg / Waive Prelim. Hrg / Arraignment / PTC / Trial / Appeal/ PFA/ICC /PV Hrg

Do you have any other pending charges: Yes / No Charges: _____

If yes, please explain and name your attorney: _____

Marital Status: _____ Number of children _____ Ages: _____

Are you a US citizen: _____ Yes _____ No

Are you currently employed: Y / N Where: _____ Weekly Gross pay: \$ _____

Savings/Checking account balance: \$ _____ SSI/SSD: \$ _____

Does your Spouse/Live-In/Significant other work: Y / N Where: _____

Their Weekly Gross Pay: \$ _____ Their Savings/Checking account balance: \$ _____

SSI/SSD: \$ _____ Does ANYONE currently receive: Welfare: Y / N Unemployment: Y / N

Other _____ Amount: \$ _____ How often: _____

Real Estate owned: _____ Value: \$ _____ Mortgage Balance: \$ _____