

ALLEGHENY COUNTY BAR FOUNDATION - JUVENILE COURT PROJECT

Koppers Building, 11th Floor · 436 Seventh Avenue · Pittsburgh, PA 15219

Telephone (412) 391-4467 · Fax (412) 391-4465

APPLICATION FOR REPRESENTATION*

INSTRUCTIONS: PLEASE PRINT LEGIBLY AND COMPLETE BOTH PAGES OF THE APPLICATION.

Name (Last, First, Initial): _____

Date of Birth: _____ Social Security No.: _____

Inmate No.: _____ Counselor: _____

Pod No.: _____ Counselor's Phone No.: (____) _____

Correctional Institution: _____

Mailing Address: _____

Email Address: _____

Arrested For (Charges): _____

Defense Attorney: _____ Telephone No.: _____

Parole/Probation Ofc.: _____ Telephone No.: _____

Conviction(s) For: _____

Sentence: _____

Date Incarcerated: _____ Date Minimum Up: _____

Date Maximum Up: _____

Have you ever been represented by a Parent Advocate before? _____

If yes, then: a) Who represented you? _____

b) When were you represented? _____

c) Who was the Judge/ Hearing Officer? _____

CYF Caseworker _____ Reg. Ofc. _____

Caseworker's phone no. _____

Next hearing date _____ Type of Hearing _____

Judge/Hearing Officer for next hearing _____

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List below all your children under the age of 18.

	<u>Name</u>	<u>Date of Birth</u>	<u>Name of Other Parent</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

List below two people who will always be able to tell us your current address and phone number.

	<u>Name</u>	<u>Phone No.</u>	<u>Relationship to You</u>
1.	_____	_____	_____
2.	_____	_____	_____

I, hereby, certify that all of the preceding information is true and correct to the best of my knowledge, information and belief. I, hereby, request that a parent advocate attorney be assigned to represent me in Allegheny County Juvenile Court dependency proceedings concerning my child(ren). I understand my responsibility to report to my parent advocate any changes in income or household composition which would affect my eligibility for free legal services. I understand my responsibility to inform my parent advocate immediately of any change in my address or phone number. I further understand that if I fire my parent advocate, no other parent advocate will be provided to represent me. I understand that appeals will be filed by the Juvenile Court Project only when the Juvenile Court Project determines them to have a meritorious legal basis. I understand that my client file will be destroyed five years after the case closes.

Signature _____ Date _____



Eligible _____ Ineligible _____ PA Assigned _____

Intake By _____ Intake Date _____

Revision Date 09/10/09