

**ALLEGHENY COUNTY BAR FOUNDATION - JUVENILE COURT PROJECT**

Koppers Building, 11<sup>th</sup> 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