

CONFIDENTIAL

State of New York

County of _____

Date: _____

Screened by: _____

Application for Assignment of Counsel under County Law, Article 18-B

PART I

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Number of financial dependents in household: _____

CURRENT CASE INFORMATION

CRIMINAL CASES:

Name of Court: _____

Docket No(s): _____

Arrest Date: _____ Arraignment Date: _____

Charges: _____

Next Scheduled Court Date: _____

FAMILY COURT CASES:

Name of Court: _____

Docket No(s): _____

Next Scheduled Court Date: _____

Type of Proceeding (Check all that apply):

Custody/Visitation Neglect/Abuse Family Offense

Support Violation Paternity Other _____

EMPLOYMENT

Occupation (if a student, indicate the school attending; if self-employed, indicate and describe the nature of employment):

Name and address of Current Employer:

Amount of Net (Take-Home) Pay: \$ _____ per Year Month Bi-weekly Weekly

Instructions for Court/Screeners: Using the FPG Income chart, is the applicant's income at or below 250% of the FPG? _____ Yes _____ No

OTHER CIRCUMSTANCES:

1) Is the applicant currently incarcerated, detained, or confined to a mental health facility? _____ Yes _____ No

2) Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)?
_____ Yes _____ No

3) W/in past 6 months, has the applicant been found eligible for assigned counsel in another criminal or family court matter?
_____ Yes _____ No

Signature: _____ Date: _____



Applicant: Stop here. Await further instructions.

Instructions for Court/Screeners: Is Applicant presumptively eligible for assigned counsel? _____ Yes _____ No

[If Yes, counsel shall be assigned. If No, proceed to Part II of the application]

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PART II

OTHER INCOME

Does the applicant currently receive pension, annuity, or retirement payments? _____ Yes _____ No

If yes, list the amount: _____

Does the applicant currently receive income from owned real estate? _____ Yes _____ No

If yes, list the amount: _____

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance):

1. _____
2. _____

ASSETS

List estimated total amount currently in applicant's bank accounts (savings and checking): _____

List all real estate applicant owns (see Instructions for primary residence exception): _____

Current Market Value (estimate): _____ Amount owed: _____

List any vehicles applicant owns not necessary for basic life activities: _____

Current Market Value (estimate): _____ Amount owed: _____

List value of all stocks or bonds in applicant's name:

MONTHLY LIVING EXPENSES

Food: \$ _____ Rent or Mortgage Payments: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses (Including Payments & Insurance): \$ _____

Child Care: \$ _____ Child Support Paid Out: \$ _____ Alimony Paid Out: \$ _____

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ _____

List other expenses. Include employment-related expenses, educational loans & costs, minimum monthly credit card payments, unreimbursed medical expenses, and expenses related to age or disability:

1. _____
2. _____
3. _____

Signature _____ Date _____

For Court or Screener

AMOUNT NEEDED FOR BAIL

Bail has been set: _____ Yes _____ No If Yes, indicate the amount: _____

COST OF RETAINING PRIVATE COUNSEL

What is the cost of retaining private counsel in your county for the matter for which the applicant seeks representation?

Based on the information in the previous section (seriousness of the criminal offense[s]/complexity of the Family Court case, income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above?

_____ Yes _____ No

ELIGIBILITY

Is the applicant eligible for assigned counsel? _____ Yes _____ No

If answering no, state why: _____

