

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