

# ASSIGNMENT OF COUNSEL APPLICATION

County Law Article 18-B  
State of New York County of Schuyler



**Please return completed application to:**

Schuyler County Public Defender's Office  
105 9<sup>th</sup> Street, Unit 7  
Watkins Glen NY 14891  
Phone (607) 535-6400 Fax (607) 535-6404  
Email: schuylerpd@co.schuyler.ny.us

**CONFIDENTIAL: PART ONE**

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US Citizen?  Yes  No

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone:  Cell \_\_\_\_\_

Home \_\_\_\_\_

Email: \_\_\_\_\_

## CURRENT CASE INFORMATION

**CRIMINAL COURT**  **FAMILY COURT**

Next Scheduled Court Date: \_\_\_\_\_ Time: \_\_\_\_\_

For:  Appearance  Hearing  Other: \_\_\_\_\_

### CRIMINAL COURT CASES

Court:  Town  Village of \_\_\_\_\_ or  County Court

Arrest Date: \_\_\_\_\_ Arraignment Date: \_\_\_\_\_

Charges: \_\_\_\_\_

Co-Defendants (If any): \_\_\_\_\_

Did you have Counsel at your first court appearance?  Yes  No

Was Bail Set?  Yes  No Amount of Bail: \$ \_\_\_\_\_

### FAMILY COURT CASES

Custody/Visitation  Neglect/Abuse  Family Offense

Child Support  Paternity

Name(s) of Opposing/Other Parties: \_\_\_\_\_

## EMPLOYMENT & INCOME INFORMATION

Number of financial dependents (not counting you): \_\_\_\_\_

Occupation: My Job Title is: \_\_\_\_\_

Check All That Apply:  Full-Time  Part-Time  Unemployed

Retired  Disabled

Seasonal/As Needed

Student at \_\_\_\_\_

Self Employed?  Yes  No

Employer (Name & Address): \_\_\_\_\_

NET PAY (**Take-Home Amount**):

\$ \_\_\_\_\_ per  Year  Month  Bi-weekly  Weekly

#### FOR OFFICIAL USE ONLY

Is Applicant's Income at or below 250% of FPG as shown on FPG Income Chart?  Yes  No

## ALTERNATE ELIGIBILITY FACTORS

1) **CONFINEMENT:** Are you currently incarcerated, detained, or confined to a mental health facility?

Yes  No

2) **PUBLIC ASSISTANCE:** Are you currently receiving need-based public assistance (or recently deemed eligible, pending receipt)?

Yes  No

3) **ASSIGNED COUNSEL:** Within the past 6 months, have you been found eligible for assigned counsel in another criminal case?

Yes  No

#### FOR OFFICIAL USE ONLY

Based on Part 1, is Applicant presumptively eligible for assigned counsel?

Yes: Counsel Should be Assigned

No: Proceed to Part II

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CONFIDENTIAL: PART II

**OTHER INCOME**

Do you currently receive any:

**PENSION, ANNUITY, OR RETIREMENT PAYMENTS?**     Yes    No    If yes, list the amount: \$ \_\_\_\_\_

**INCOME FROM OWNED REAL ESTATE?**     Yes    No    If yes, list the amount: \$ \_\_\_\_\_

**LIST INCOME FROM OTHER SOURCES** (do not include child support or need-based public assistance):

1. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**ASSETS**

**SAVINGS & CHECKING:** List estimated total amount currently in your bank accounts: Amount \$ \_\_\_\_\_

**REAL ESTATE:** List all Real Estate you own: \_\_\_\_\_

Current Market Value (estimate): \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

**VEHICLES:** List any vehicles you own that are NOT necessary for basic life activities: \_\_\_\_\_

Current Market Value (estimate): \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

**STOCKS OR BONDS:** List value of all STOCKS OR BONDS in your name: \_\_\_\_\_

Value \$ \_\_\_\_\_

**MONTHLY LIVING EXPENSES**

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

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

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

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: \_\_\_\_\_

**END: PLEASE SIGN BELOW**

**FOR COURT/SCREENER USE ONLY**

**COST OF RETAINING PRIVATE COUNSEL:** Average cost of retaining private counsel in your county for the charged offense with? \$ \_\_\_\_\_

Based on the information in the previous section (seriousness of the offense, 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:

Note: Screener may request additional documents

\*\*\*\*\* **PLEASE SIGN & DATE** \*\*\*\*\*

Signature \_\_\_\_\_

Date \_\_\_\_\_