

Application for Attorney Services (Criminal Court)

ST. LAWRENCE COUNTY INDIGENT DEFENSE

Please print clearly and answer all required questions on this application
INCOMPLETE APPLICATIONS WILL DELAY A DECISION.

48 Court Street, Canton, N.Y. 13617
Phone: (315) 379-2401 / Fax: (315) 379-0401

NOTE: This application will be reviewed by individuals who are not your attorney. DO NOT write or include any information that may be important to your case.

INFORMATION ABOUT YOU:

Name: _____ Former Name: _____ Gender: MALE / FEMALE
Mailing Address: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Other Phone: _____ Message Phone: _____ E-mail: _____
D.O.B.: ____/____/____ Age: ____ Where were you born? _____ Have you been a member of the Armed Forces? YES / NO
Last Four of Social Security: XXXX-XX-____ Marital Status: SINGLE / MARRIED Spouse's Name: _____

INFORMATION ABOUT CRIMINAL CHARGES:

Court where charges are pending: _____ Judge: _____ Next court date: ____/____/____ Time: _____

Charges: _____

Date of arrest: ____/____/____ Are you in jail: YES / NO Date put in jail: ____/____/____ Have you been released on bail: YES / NO

Was anyone charged with you: YES / NO If yes, list name(s): _____

Alleged Victim's Name: _____ Other Parties: _____

Are you applying for a Violation of Probation Hearing? YES / NO What was the conviction that resulted in a probation sentence? _____

Have you tried to hire an attorney for the charges listed above? YES / NO Who: _____

Do you presently have other pending charges? YES / NO If yes, list the court and charges: _____

Are you currently being represented by an attorney on these other charges? YES / NO WHO: _____

If you answered yes, was the attorney: () Retained () Assigned () Assigned with repayment Monthly payment: _____

PUBLIC BENEFITS:

DO YOU RECEIVE PUBLIC BENEFITS? YES NO ***If yes, you MUST provide a copy of your benefit letter.**

Indicate weekly, bi-weekly, or monthly amounts AND provide a copy of your benefit letter.

FOOD STAMPS	PUBLIC ASSISTANCE	SSI/SSD

If you answered YES, take the following four steps to complete the application:

- 1) Go to the last page of this application.
- 2) Review the statement on the last page.
- 3) Print and sign your name, and date where indicated.
- 4) Return the application and benefit letter to: Office of Indigent Defense, 48 Court Street, Public Safety Building, Canton, N.Y. 13617

If you answered NO, please complete all remaining questions on the application. Do not leave blank spaces. If not applicable, please mark N/A or none.

EMPLOYMENT OR STUDENT STATUS: *If employed, you MUST provide pay stubs for the last thirty (30) days.

Are you employed: YES / NO Work Status: FULL TIME / PART TIME How long have you been with your current employer: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____

Are you a student: YES / NO Student status: FULL TIME / PART TIME

School's Name: _____ School's Phone: _____

School's Address: _____

INCOME AND ASSETS

- You **MUST** report the income for each member of the household.
 - If you are under 21 and supported by your parents, you and your parent(s) both must submit financial information with this form.
 - If you reside with other adults who have income or receive assistance, you must submit proof of their income or assistance with this form.
 - If you have no source of income, what is your present means of support? **This question must be answered to be considered for services.**
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- If an individual other than your parents is supporting you, you must provide a signed statement from that person stating what they are providing for you (i.e. food, shelter, transportation, cash, and any other items of support).

LIST ALL HOUSEHOLD MEMBERS AND THEIR INCOME (including dependents). *Provide pay stubs for the last 30 days, W-2, or a recent tax return transcript.

	Name	Relationship to Applicant	Age	Employed Yes or No	Gross Pay Weekly, Bi-Weekly, Monthly <small>*Must provide proof of income for each member</small>	Receiving Public Benefits Yes or No
1		SELF				
2						
3						
4						
5						
6						

The number of dependents you are financially responsible for: _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING (please indicate weekly, bi-weekly, monthly and name of recipient):

UNEMPLOYMENT	WORKER'S COMP	DISABILITY (Not SSD)	PENSIONS	RETIREMENT	SPOUSAL MAINTENANCE	OTHER INCOME
\$	\$	\$	\$	\$	\$	\$

DO YOU HAVE ANY OF THE FOLLOWING (please indicate amount):

CASH	CHECKING ACCOUNT	SAVINGS ACCOUNT	LIFE INSURANCE	STOCKS/BONDS	OTHER

Do you own any real property? YES / NO What is the estimated value of the property? _____

Write the address of all property: _____

DO YOU OWN ANY OF THE FOLLOWING (please provide estimated value):

	Vehicle	ATV	Snowmobile	Boat	Camper	Other
Make						
Model						
Value	\$	\$	\$	\$	\$	\$

MONTHLY EXPENSES (Proof of expenses may be required after the application has been filed):

MORTGAGE	\$	RENT	\$	PROP. TAXES	\$	UTILITIES	\$
CABLE	\$	TELEPHONE	\$	GARBAGE	\$	WATER/SEWER	\$
AUTO PAYMENT	\$	CAR INS.	\$	LIFE INS.	\$	HOME INS.	\$
CREDIT CARDS	\$	LOANS	\$	HEALTH INS.	\$	MEDICAL	\$
HOME FUEL	\$	FOOD	\$	PHARMACY	\$	CHILD SUPPORT/ ALIMONY	\$

PLEASE READ THE FOLLOWING STATEMENT AND SIGN THIS DOCUMENT SWEARING THAT ALL THE INFORMATION PROVIDED IS ACCURATE, TO THE BEST OF YOUR KNOWLEDGE:

By signing this, you are authorizing the Office of Indigent Defense to verify the facts on your application and authorizing any agency or third party to release information about you to the Office of Indigent Defense and the Court for the purpose of determining eligibility.

If there is a change in your financial circumstances, you are required to report this change to the attorney assigned to represent you immediately. If the change in your circumstances makes you financially able to obtain counsel or to make partial payment for representation or other services, the court may terminate the assignment of counsel or authorize payment to St. Lawrence County.

When signing this application you are making a sworn statement that the information in the application is true and accurate.

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (PL §210.45).

Affirmed under the penalties of perjury this _____ day of _____, 20_____

Print Name _____

Signature _____

Date _____

RETURN COMPLETED APPLICATION TO: St. Lawrence County Indigent Defense, Public Safety Building, 48 Court Street, Canton, N.Y. 13617

OFFICE USE ONLY: () Income above eligibility guidelines () Income within eligibility guidelines Notes: _____

() Public Defender _____ () Conflict Defender _____ () Assigned Counsel _____