

ESSEX COUNTY PUBLIC DEFENDER  
APPLICATION FOR COUNSEL  
INSTRUCTIONS

IF YOU ARE ON PUBLIC ASSISTANCE, RECEIVING ANOTHER FORM OF GOVERNMENT SUBSIDY OR PAYMENT, OR SIMPLY A CITIZEN EARNING A LOW WAGE OR INCOME, YOU MAY BE FOUND ELIGIBLE FOR ATTORNEY LEGAL SERVICES. **HOWEVER**, IF YOU BECOME EMPLOYED AT A HIGHER RATE OR SALARY DURING THE TIME YOUR CASE IS PENDING, WE WILL SEEK PARTIAL REIMBURSEMENT OR APPLY TO THE COURT TO WITHDRAW AS COUNSEL FROM YOUR CASE.

- ▶ Answer EVERY question to the best of your knowledge. Submit ALL information or your application will be returned.
- ▶ You must provide information regarding income for every member of your household.
- ▶ If you are currently employed you must submit your most recent pay stub or a letter from your employer, indicating proof of employment and wages.
- ▶ If you are currently unemployed you must submit a copy of the letter of eligibility from the NYS Department of Labor AND your most recent unemployment check stub.
- ▶ If you are self-employed you must provide a copy of the income tax return for the past calendar year OR copies of the books and records of the business showing income and expenses during the last thirty (30) days.
- ▶ If you receive PUBLIC ASSISTANCE (ie. Social Security, SSI, SSD or Worker's Compensation) you must provide a copy of the letter of eligibility AND a copy of the most recent check stub.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL (518) 873-3880 FOR ASSISTANCE.

*NOTICE: 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 law of New York State punishable as a Class A Misdemeanor, (PL§210.45).*

PUBLIC DEFENDER -

Complete form and Return to: Essex County Public Defender's Office  
P.O. Box 217  
7551 Court Street  
Elizabethtown, New York 12932  
(518)873-3880  
Fax to: (518)873-3888

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

TOWN/VILLAGE COURT: \_\_\_\_\_ JUDGE: \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_:\_\_\_\_\_ (AM/PM)

CHARGES: \_\_\_\_\_

Was anyone charged with a crime other than you? YES NO

If YES, give name(s): \_\_\_\_\_

Have you ever been assigned a lawyer before?  
If you answered yes, please explain:  
When? \_\_\_\_\_

YES NO  
Criminal / Family / Support  
Court Court Court

List the names, ages, occupation/source of income for each person residing in your household.

a. Name \_\_\_\_\_ age \_\_\_\_\_ job \_\_\_\_\_ income \$ \_\_\_\_\_/week

b. Name \_\_\_\_\_ age \_\_\_\_\_ job \_\_\_\_\_ income \$ \_\_\_\_\_/week

c. Name \_\_\_\_\_ age \_\_\_\_\_ job \_\_\_\_\_ income \$ \_\_\_\_\_/week

d. Name \_\_\_\_\_ age \_\_\_\_\_ job \_\_\_\_\_ income \$ \_\_\_\_\_/week

e. Name \_\_\_\_\_ age \_\_\_\_\_ job \_\_\_\_\_ income \$ \_\_\_\_\_/week

Complete the following MONTHLY expenses by filling in the amount.  
(When necessary, please estimate)

Mortgage	\$
Rent	\$
Food	\$
Telephone	\$
Electric	\$
Auto	\$
Cable	\$
Medical	\$
Insurance	\$
Credit Card(s)	\$
Loan(s) _____	\$
_____	\$
Other _____	\$
_____	\$

**I hereby certify, under penalty of perjury, that the answers are true and correct.**  
 I understand that if an attorney is assigned to me, I may be required to repay the County of Essex for all or part of such representation if at any time during these proceedings I am found to be ineligible. This application may be denied if any question is not answered, or marked not applicable ("n/a").  
 I further understand that any false statements herein may be a crime under the laws of the State of New York, punishable as a Class A Misdemeanor (PL§210.45).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Witness Signature

<b>FOR OFFICE USE ONLY:</b>	<b>APPROVED / DENIED</b>
Total Gros Income: \$ _____	Total Expenditures: \$ _____
Net Income: \$ _____	

**NOTE: IF YOU ARE UNDER 21 AND NOT EMANCIPATED, BOTH YOU AND YOUR PARENTS' FINANCIAL INFORMATION MUST BE SUBMITTED WITH THIS FORM**

**INCOME**

(PLEASE INCLUDE SUPPORTING DOCUMENTATION, [ie. Income Tax Return, W-2, Pay Stub])

<p>1. Do you receive any form of public assistance? (ie. cash grant, food stamps, medicaid) IF YOU ANSWERED <b>YES</b>, WHAT TYPE ? _____ <b>STOP!</b></p>	<p>YES NO \$ _____ (wk/bi-wk/month)</p>
<p>2. Do you receive any form of Disability? (ie. social security, S.S.I.) IF YOU ANSWERED <b>YES</b>, WHAT TYPE ? _____ <b>STOP!</b></p>	<p>YES NO \$ _____ (wk/bi-wk/month)</p>
<p><b>IF YOU ANSWERED NO TO QUESTIONS 1 &amp; 2, YOU MUST CONTINUE</b></p>	
<p>3. Are you currently employed?  What is your NET Salary? Job Description: _____ _____  Employer's Name &amp; Address _____ _____  If <b>NO</b>, do you receive unemployment?  How much do you receive?</p>	<p>YES NO \$ _____ (wk/bi-wk/month)  YES NO \$ _____ (wk/bi-wk/month)</p>
<p>4. Do you or anyone in your household receive child support or alimony?  How much?</p>	<p>YES NO \$ _____ (wk/bi-wk/month)</p>
<p>5. Do you or anyone in your household have: Cash? Checking Account? Savings Account? Life Insurance? Stocks/Bonds?</p>	<p>YES NO \$ _____ YES NO \$ _____ YES NO \$ _____ YES NO \$ _____ YES NO \$ _____</p>
<p>6. Do you or anyone in your household own land, a house, or a trailer?  Describe: _____ _____</p>	<p>YES NO  Value \$ _____ Mortgage \$ _____</p>
<p>7. Do you or anyone in your household own an automobile/snowmobile/ATV/boat(s)? Year _____ Model _____ Year _____ Model _____ Year _____ Model _____</p>	<p>YES NO  Value \$ _____ Value \$ _____ Value \$ _____</p>