



ESSEX COUNTY PUBLIC DEFENDER

7551 Court Street, P.O. Box 217
Elizabethtown, NY 12932
(518) 873-3880 / Fax (518) 873-3888



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Public Defender

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APPLICATION FOR REPRESENTATION INSTRUCTIONS

- COMPLETED APPLCATION FORM: You must submit ALL of the following required information before your application will be processed. Once your application is complete, send it and all requested documents to the address listed above. It may take up to two (2) business days to process your application to determine eligibility. This application may be denied if any question is not answered or marked not applicable (N/A).
- INCOME VERIFICATION: You must provide information regarding income for every member of your household. Failure to provide the documents requested below may result in your application being denied.

If employed: Pay stubs covering the last thirty (30) days or letter from employer indicating proof of employment, number of hours and wages (i.e. gross pay).

If unemployed: A copy of the letter of eligibility for the NY State Department of Labor AND most recent unemployment check stub. If you have no income, you must provide a letter stating how you are able to support yourself and/or your dependents.

If self-employed: 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 receiving Public Assistance: A copy of a current eligibility statement.

If receiving Social Security, SSI, SSD or Worker's Compensation: A copy of a letter of eligibility AND a copy of a recent SS, SSI, SSD or Workers' Compensation check stub.

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

When signing this application you are making a sworn statement that the information in the application is true and accurate. By signing the release on the last page of the application, you are authorizing the Public Defender's Office to verify the facts on your application.



ESSEX COUNTY PUBLIC DEFENDER'S OFFICE
 PO Box 217, 7551 Court Street, Elizabethtown, NY 12932
 Telephone: (518) 873-3880 Fax: (518) 873-3888



APPLICATION FOR REPRESENTATION

PART 1. IDENTIFICATION:

NAME OF CLIENT: _____ DATE OF BIRTH: _____
 ADDRESS: _____ SOCIAL SECURITY #: _____
 _____ EMAIL ADDRESS: _____
 CITY: _____ HOME PHONE: _____
 STATE: _____ WORK PHONE: _____
 ZIP CODE: _____ MESSAGE PHONE: _____
 MARITAL STATUS: _____
 SPOUSE'S NAME: _____
 SPOUSE'S ADDRESS: _____ STATE: _____ ZIP CODE: _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.

Employment: _____

Employer's Name	Employer's Address	Your Position/Title	Weekly Salary (Net)

 Bank Account: _____

Name of Bank	Type	Amount

 Property Owned: _____

Address	Mortgage (yes or no)	Value	Amount Still Owed

 Vehicle Owned: _____

Year	Make/Model	Value	Amount Still Owed

 Other Assets (ie- Boat, 4 wheeler, etc.): _____

Year	Make/Model	Value	Amount Still Owed

PART 2. REPRESENTATION:

COURT WHERE CHARGES ARE PENDING: _____ JUDGE: _____
 TYPE OF CASE (check appropriate box) : Criminal (Felony, Misdemeanor, Violation) Appeal
 Parole/Probation/C.D. Violation Other: _____
 CHARGES: _____
 NEXT COURT DATE AND TIME: _____ DATE OF ARREST: _____
 ARE YOU IN JAIL: _____ DATE PUT IN JAIL: _____ WERE YOU ROR'd: _____
 HAVE YOU BEEN RELEASED ON BAIL: _____ AMOUNT OF BAIL: _____
 HOW WAS BAIL POSTED: _____
 (Give the name and address of the person who furnished the cash or collateral for your bail/bond.)
 HAVE YOU TRIED TO HIRE AN ATTORNEY: _____ WHO: _____
 DO YOU PRESENTLY HAVE AN ATTORNEY FOR OTHER CASES: _____ WHO: _____

PART 3. CONFLICTS:

WAS ANYONE ELSE CHARGED WITH YOU: _____ WHO: _____

WHO IS THE PERSON(S) THAT FILED THE CHARGES AGAINST YOU: _____

DO YOU HAVE ANY CHARGES OR CASES PENDING IN ANY COURT(S), INCLUDING FAMILY COURT (LIST YOUR DATES, CHARGES, COURTS, AND THE NAME OF THE OTHER PARTY): _____

PART 4. HOUSEHOLD:

LIST ALL MEMBERS OF APPLICANT'S HOUSEHOLD (including all dependents):

#	NAME	RELATIONSHIP TO APPLICANT	AGE	EMPLOYED? YES OR NO? IF YES YOU MUST PROVIDE A RECENT PAY STUB COPY	WEEKLY EMPLOYMENT INCOME (NET PAY)
1	Applicant's Name:	N/A			
2					
3					
4					
5					

PART 5. INCOME:

	AMOUNT		Week, Month, Year, etc.
Public Assistance (Welfare)	\$ _____	Per _____	
Food Stamps	\$ _____	Per _____	
Unemployment Insurance Benefits	\$ _____	Per _____	
Pensions	\$ _____	Per _____	
SSI/SSD	\$ _____	Per _____	
Disability Benefits	\$ _____	Per _____	
Child Support Received: List Children			
1. _____ age: _____	\$ _____	Per _____	_____
2. _____ age: _____	\$ _____	Per _____	_____
3. _____ age: _____	\$ _____	Per _____	_____
4. _____ age: _____	\$ _____	Per _____	_____
Spousal Maintenance (Alimony) Received	\$ _____	Per _____	
Money Gifts	\$ _____	Per _____	
Other income, specific type:			
1. _____	\$ _____	Per _____	_____
2. _____	\$ _____	Per _____	_____

PART 6. EXPENSES:

HOUSEHOLD EXPENSES ACTUALLY PAID

PAYMENT	AMOUNT		Week, Month, Year, etc.
Insurance, specific type: 1. _____ 2. _____	\$ _____ \$ _____	Per Per	_____ _____
Loan, specific type: 1. _____ 2. _____	\$ _____ \$ _____	Per Per	_____ _____
Child Support <u>Payments</u> - List children: 1. _____ age: _____ 2. _____ age: _____ 3. _____ age: _____ 4. _____ age: _____	\$ _____ \$ _____ \$ _____ \$ _____	Per Per Per Per	_____ _____ _____ _____
Spousal Maintenance <u>Payments</u> (Alimony):	\$ _____	Per	
Day Care	\$ _____	Per	
Rent	\$ _____	Per	
Utilities	\$ _____	Per	
Food	\$ _____	Per	
Medication/Health Care	\$ _____	Per	
Other Expenses: 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____	Per Per Per	_____ _____ _____

PLEASE DESCRIBE ANY OTHER HARDSHIP CIRCUMSTANCE YOU REQUEST THE PUBLIC DEFENDER'S OFFICE TO CONSIDER IN EVALUATING YOUR APPLICATION:

Were you born in the United States of America?

Yes No

Are you a United States citizen?

Yes No

Is there any other person(s) who claim you as a dependant on their State or Federal Taxes?

Yes No

Is the income listed on this application your only source of income?

Yes No

Are the expenses listed on this application true to the best of your knowledge?

Yes No

Have you ever been represented by any other attorney in this matter?

Yes No

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 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____

Applicant's Signature