

St. Lawrence County Office of Indigent Defense

48 Court Street, Canton, N.Y. 13617

Phone: (315) 379-2401 Fax: (315) 379-0401

AFFIDAVIT OF FINANCIAL CIRCUMSTANCES

(Complete ONLY if you DO NOT HAVE AN INCOME and you are NOT RECEIVING PUBLIC BENEFITS.)

I, _____, reside at _____.

I am submitting an Application for Attorney Services to the St. Lawrence County Office of Indigent Defense.

I am requesting attorney representation for a CRIMINAL COURT FAMILY COURT proceeding.

I currently do not have an income and I am not receiving public benefits.

I am receiving support from the following individual(s):

Name: _____ Relationship to Applicant: _____

Food Shelter Transportation Money Other _____

Name: _____ Relationship to Applicant: _____

Food Shelter Transportation Money Other _____

Explain how you are maintaining basic needs and living expenses:

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, the court may terminate the assignment of counsel.

By signing this affidavit you are authorizing the Office of Indigent Defense to verify the facts in this affidavit for the purpose of determining eligibility.

State of _____ }
County of _____ } ss.

Signature of Applicant

Date

Sworn to before me on this _____ day
of _____, 20_____.

Notary Signature