

---

**APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS (SUPREME COURT - IDV)**

**HOW TO APPLY FOR COUNSEL:**

- 1) Apply in person by visiting the Office of Indigent Defense during regular business hours, Monday through Friday.
- 2) Fax the completed application to the Office of Indigent Defense at 315-379-0401.
- 3) Mail the completed application to: Office of Indigent Defense, 48 Court Street, Canton, N.Y. 13617

**HOW TO COMPLETE THE APPLICATION FOR ASSIGNMENT OF COUNSEL:**

- 1) Answer the questions on the application.
- 2) Provide copies of your Criminal Charges, Complaints, Summonses, Tickets, Supporting Depositions, and/or statements.
- 3) Provide copies of the court documents relevant to your Family Court case: petition, Order to Show Cause, custody order, order of protection, child support order, motion, discovery demand, interrogatories, scheduling order.
- 4) Submit proof of any income or assistance you are receiving:

**Employment:**

- Check stubs (last 30 days)
- Statement from your employer (on letterhead) indicating proof of employment, rate of pay per hour, and hours worked per week

**Self-Employed:**

- Records of business showing income and expenses (last 30 days)
- Tax return for the past calendar year

**NYS Unemployment Benefits:**

- Copy of current award certificate
- Official correspondence from the New York State Department of Labor

**Unearned Income (Social Security Benefits (SSI/SSD), Private Disability Benefits, Veteran's Benefits, Pensions, Retirement, Workers' Compensation):**

- Copy of your current award certificate/letter or current benefit check
- If Direct Deposit, a bank statement (last 30 days)

**Public Benefits (Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), Social Security Income (SSI), New York State Supplemental Program (SSP), Social Security Disability (SSD), Workers' Compensation, Medicaid, or Public Housing):**

- Copy of your current benefit letter
- Copy of your benefit card
- If you are listed on another individual's benefit letter, you must provide a copy of their benefit letter showing your name as a household member

**No source of income/not receiving assistance:**

- A notarized statement indicating the name, address, telephone number, and relationship of the individual providing you with food, shelter, transportation, cash, and assisting you with any other expenses or personal needs. An Affidavit of Financial Support is available at the Office of Indigent Defense or on the County website ([www.stlawco.org](http://www.stlawco.org)). This document can be notarized at the Office of Indigent Defense, the courthouse, or at any bank or local town or village office. Proof of identity is required for notary services.

**For additional information, visit [www.stlawco.org](http://www.stlawco.org) or call 315-379-2401**

# Application for Assignment of Counsel (Supreme Court: IDV# \_\_\_\_\_)

State of New York, County of St. Lawrence

St. Lawrence County Indigent Defense

**CONFIDENTIAL**

48 Court Street, Canton, N.Y. 13617

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Last Four of Social Security: XXXX-XX-\_\_\_\_ Gender: M / F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Where were you born? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Have you been a member of the Armed Forces?  YES  NO

Marital Status: SINGLE / MARRIED Number of financial dependents: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Net Income: \_\_\_\_\_

Others residing in the home: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

## CURRENT CRIMINAL COURT CASE INFORMATION

Name of Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Arrest Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arraignment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Next court date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

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

Co-Defendants: \_\_\_\_\_

Complainants: \_\_\_\_\_

Witnesses: \_\_\_\_\_

If you are incarcerated, date put in jail: \_\_\_\_/\_\_\_\_/\_\_\_\_ Have you been released on bail?  YES  NO

Are you applying for a Violation of Probation Hearing?  YES  NO Original conviction: \_\_\_\_\_

Have you tried to hire an attorney?  YES  NO WHO: \_\_\_\_\_

Are you currently represented by an attorney?  YES  NO Attorney's name: \_\_\_\_\_

Court Name: \_\_\_\_\_ Previous Arrest Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)?  YES  NO

If YES, check all that apply:

Medicaid  Family Assistance (TANF)  Supplemental Nutrition Assistance (SNAP)

Social Security Income (SSI)  Public Housing  Safety Net Assistance (SNA)

Veteran Disability Pension  Workers' Compensation  New York State Supplemental Program (SSP)

Are you in jail?  YES  NO Are you in mental health facility?  YES  NO

Within the past 6 months, have you been found eligible for assigned counsel in another criminal case?  YES  NO

### FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Screened by: \_\_\_\_\_ PRESUMPTIVELY ELIGIBLE:  YES  NO  PD  CD  AC

**CURRENT FAMILY COURT CASE INFORMATION**

Have you tried to hire an attorney?  YES  NO WHO: \_\_\_\_\_

Are you currently represented by an attorney?  YES  NO Attorney's name: \_\_\_\_\_

Complete the following three questions for **THE FILING OF A NEW PETITION**:

1. Name of person filing petition: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Name of person petition is being filed against: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. What are you asking the court for: \_\_\_\_\_

Complete the following questions for a **PETITION THAT HAS ALREADY BEEN FILED AND IS PENDING IN FAMILY COURT**:

Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_

Type of Case:  Custody  Visitation  Family Offense  Paternity  Support  Neglect/Abuse  
 Initial  Violation  Modification  Previous AROC (At Request of Court)

File# \_\_\_\_\_ Docket# \_\_\_\_\_ Court date/time: \_\_\_\_\_

File# \_\_\_\_\_ Docket# \_\_\_\_\_ Judge: \_\_\_\_\_

**EMPLOYMENT OR STUDENT STATUS:**

Employed:  YES  NO Student:  YES  NO Work/Student Status:  FULL TIME  PART TIME

Net Pay (Take-Home): \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

Employer/School Name: \_\_\_\_\_ Employer/School Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

If self-employed, indicate and describe the nature of employment:

\_\_\_\_\_

**OTHER INCOME**

Do you receive income from (check all that apply):

Unemployment  Private Disability or SSD  Pensions  Retirement  Real Estate

NET Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

Other income (explain): \_\_\_\_\_

NET Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

**ASSETS**

List estimated total amount currently in your Savings Account \$ \_\_\_\_\_ and Checking Account \$ \_\_\_\_\_

List value of all stocks and bonds in your name: \$ \_\_\_\_\_

List all real estate you own (except for your primary residence): \_\_\_\_\_

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

List any vehicles you own not necessary for basic life activities (additional vehicles, ATV, Snowmobile, Boat, Camper): \_\_\_\_\_

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

**MONTHLY LIVING EXPENSES**

Food: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Rent or Mortgage Payments: \$ \_\_\_\_\_  
Auto Payment: \$ \_\_\_\_\_ Auto Insurance: \$ \_\_\_\_\_ Transportation Expense: \$ \_\_\_\_\_  
Child Care: \$ \_\_\_\_\_ Alimony Paid Out: \$ \_\_\_\_\_ Child Support Paid Out: \$ \_\_\_\_\_  
Medications: \$ \_\_\_\_\_ Medical Bills/Debt: \$ \_\_\_\_\_ Health Insurance: \$ \_\_\_\_\_

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:

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- 

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date