

## APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS (CRIMINAL COURT)

**ST. LAWRENCE COUNTY**  
**OFFICE OF INDIGENT DEFENSE**  
48 Court Street, Canton, New York 13617

Telephone: 315-379-2401

Fax: 315-379-0401

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### HOW TO APPLY FOR AN ATTORNEY:

- 1) **Answer the questions on the application.**
- 2) **Provide copies of your Criminal Charges, Complaints, Summonses, Tickets, Supporting Depositions, and/or statements.**
- 3) **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
- 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.gov](http://www.stlawco.gov)). 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.

### HOW TO SUBMIT YOUR COMPLETED APPLICATION:

- 1) Apply in person at the Office of Indigent Defense during 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

**COURT ADDRESS AND PHONE NUMBER**

<b>COURT</b>	<b>ADDRESS</b>	<b>PHONE #</b>
BRASHER TOWN COURT	11 Factory Street, Brasher Falls, NY 13613	315-389-4223
CANTON TOWN COURT	60 Main Street, Canton, NY 13617	315-379-9844
CLARE TOWN COURT	3441 County Route 27, Russell, NY 13684	315-386-3084
CLIFTON TOWN COURT	7171 State Highway 3, Cranberry Lake, NY 12927	315-848-5522
COLTON TOWN COURT	9 Sugarbush Lane, South Colton, NY 13687	315-262-2380
DEKALB TOWN COURT	2907 County Route 17, Dekalb, NY 13630	315-347-2071
DEPEYSTER TOWN COURT	4399 County Route 10, Depeyster, NY 13633	315-344-7259
EDWARDS TOWN COURT	161 Main Street, Edwards, NY 13635	315-562-8113
FINE TOWN COURT	4078 State Hwy 3, Star Lake, NY 13690	315-848-3121
FOWLER TOWN COURT	87 Little York Road, Gouverneur, NY 13642	315-287-0045
GOVERNEUR TOWN COURT	33 Clinton Street, Gouverneur, NY 13642	315-287-4623
HAMMOND TOWN COURT	17 N. Main Street, Hammond, NY 13646	315-324-5433
HERMON TOWN COURT	109 Church Street, Hermon, NY 13652	315-347-2091
HOPKINTON TOWN COURT	7 Church Street, Hopkinton, NY 12965	315-328-4187
LAWRENCE TOWN COURT	11403 US Highway 11, North Lawrence, NY 12967	315-740-0134
LISBON TOWN COURT	6963 County Route 10, Lisbon, NY 13658	315-393-0489
LOUISVILLE TOWN COURT	14810 State Hwy 37, Massena, NY 13662	315-764-1424
MACOMB TOWN COURT	6663 State Highway 58, Hammond, NY 13646	315-578-2212
MADRID TOWN COURT	3529 County Route 14, Madrid, NY 13660	315-528-3399
MASSENA TOWN COURT	60 Main Street, Room 6, Massena, NY 13662	315-769-5431
MASSENA VILLAGE COURT	60 Main Street, Room 6, Massena, NY 13662	315-769-5431
MORRISTOWN TOWN COURT	604 Main Street, Morristown, NY 13664	315-375-4148
NORFOLK TOWN COURT	5 West Main Street, Norfolk, NY 13667	315-384-4721
OGDENSBURG CITY COURT	City Hall, 330 Ford Street, Ogdensburg, NY 13669	315-393-3941
OSWEGATCHIE TOWN COURT	51 State Street, Heuvelton, NY 13654	315-344-7284
PARISHVILLE TOWN COURT	1772 State Hwy 72, Parishville, NY 13672	315-265-2131
PIERCEFIELD TOWN COURT	48 Waller Street, Piercefield, NY 12973	518-359-2237
PIERREPONT TOWN COURT	864 State Highway 68, Canton, NY 13617	315-379-0415
PITCAIRN TOWN COURT	10 Edwards Road, Harrisville, NY 13648	315-543-2111
POTSDAM TOWN COURT	35 Market Street, Potsdam, NY 13676	315-265-4318
ROSSIE TOWN COURT	908 County Route 3, Redwood, NY 13679	315-324-5166
RUSSELL TOWN COURT	9 Pestle Street, Russell, NY 13684	315-347-4824
STOCKHOLM TOWN COURT	540 State Hwy 11C, Winthrop, NY 13697	315-389-5171
WADDINGTON TOWN COURT	46 Maple Street, Waddington, NY 13694	315-388-4528

# Application for Assignment of Counsel under County Law, Article 18-B

State of New York, County of St. Lawrence

St. Lawrence County Indigent Defense  
48 Court Street, Canton, N.Y. 13617

## CONFIDENTIAL

### PERSONAL INFORMATION

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

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

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 (living with you): \_\_\_\_\_ Spouse's Net Income: \$ \_\_\_\_\_

Children/others (living with you): \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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

### CURRENT 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 or treatment 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

**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, including a camp or second home, etc. (NOT your primary residence):

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

List any additional vehicles you own, including ATV, Motorcycle, Snowmobile, Boat, Camper (NOT your primary vehicle):

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

**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:**

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**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