WARREN COUNTY PUBLIC DEFENDER/ASSIGNED COUNSEL - APPLICATION FOR COUNSEL

Complete and return this form "In Person" to: Warren County Assigned Counsel Office
9:00 A.M.-NOON ONLY

Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845
(518) 761-6460

ALL QUESTIONS MUST BE ANSWERED – *DO NOT* ANSWER WITH "N.A." ON THIS APPLICATION

Court:_____ Return Date: _____ Time: _____

Charges/Matter: _____

Co-Defendant(s), Other Parties' or Victim(s) Name(s): _____

Contact Information:

1. Applicant's Name: _____ Age: ¤_____ D.O.B ¤ _____
   **Mailing Address: _____ Town: _____ State: _____ Zip: _____
   Telephone #'s: (w)_____ (h)_____ (c)_____ (other)_____ Soc. Sec. #: _____-___-_____
2. Were you born in the United States? Yes | No

¤**NOTE:** If you are under 21 and not emancipated, ***both*** you and your parents' financial information must be submitted with this form or if you have no source of income and reside with other adults who have income, ***both*** yours and their financial information must be submitted with this form.

3. Marital Status (check one): Single | Married | Separated | Divorced | Widowed |

4. Spouse/Other Name: _____ Address: _____
   Employer: _____ Income: _____

5. (a) Are you employed? Yes | No | (b) Job Description: _____
   (c) Employer's Name/Address & Phone: _____
   _____

5. (a) Are you a student? Yes | No | (b) Where? _____
   (c) How Long? _____ (d) Full Time | Part Time |. If so, how many hours? _____

6. (a) What is your gross monthly income? * $_____
   (b) Do you or anyone in your household receive any of the following (enter **monthly** amount):
   Disability $_____; Social Security $_____; Worker's Comp. $_____;
   Unemployment $ _____; Social Services $_____; Child Support/Alimony $_____;
   Pension Benefit $ _____; Retirement Benefit $ _____; Other $_____.
   (c) Do you derive income from some source other than listed here? _____

QUESTION #7 MUST BE COMPLETED. IF LEFT BLANK, YOUR APPLICATION WILL BE DENIED.

7. If you have indicated no income, what is your present means of support?
   _____

* You must attach a copy of your most recent tax return and last four pay stubs or, if self-employed, copies of the last two years tax returns and the last two months business ledger sheets. If receiving unemployment, disability, workers compensation, public assistance, or Social Security benefits, proof of your grant, award, or payment amount is required. Applicant agrees to immediately notify the Assigned Counsel/Public Defender's Office of any change in circumstances, during the pendency of this case, which would require a change in any of the answers to the questions asked on this application.

**** If you are incarcerated when completing this application, any change in your status as an inmate may affect your eligibility for counsel. If you are released, bailed or bonded you must complete a new application immediately.**

This is a legal document. The consequences for falsifying and/or lying, by error or omission, on this form is a punishable offense.

8. Do you or anyone in your household have: Cash $_____; Checking Acct.? $_____; Savings Acct.? $_____; Life Insurance? $_____; Stocks/Bonds? $_____; Other Assets? $_____.

9. Do you currently have an attorney for any other legal matters? Yes | No | If so, for what and who is the attorney ? _____.
Has a retainer been paid to this attorney? Yes | No | If so, by whom and how much? $_____.

10. Do you have any prior convictions? Yes | No | If so, list them _____.
Did you or someone you know post bail or bond for the present matter? Yes | No |
If so, whom (with address & phone number) and how much?_____.

Property

11. Do you or anyone in your household have an interest in real property?: Yes | No| Where _____
Property Description _____Value:$_____ Mortgage Amount: $_____.

12. Do you or anyone in your household have: Automobile(s) Yes | No | How many?: _____
Model(s)/Year(s): _____ Value: $_____.

13. Do you or anyone in your household have: Snowmobiles, ATV's, Boats or other RV's; Yes| No|; Models/Years _____ Value: $_____.

Monthly Expenses -YOU MUST SUBMIT PROOF OF ANY EXPENSE LISTED ON THIS APPLICATION.

14. Complete the following monthly expenses by filling in the dollar amounts.

Mortgage $	Rent $	H.O. Ins. $	Medical $
Food $	Cable $	Medical Ins. $	Pharmacy $
Utilities $	Auto Payment$	Car Ins. $	Credit Cards $
Water $	Home Fuel $	Life Ins. $	Loans $
Prop. Taxes $	Telephone $	Garbage $	Other $

Household

15. List the names & ages of all persons in the household. Include their job/income source (include employers name and address) of **all the persons in the household in which you reside.**

a. Name **APPLICANT** Age_____ Job_____
Income $_____/week/bi-weekly/month gross
b. Name_____ Age_____ Job_____
Income $_____/week/bi-weekly/month gross
c. Name_____ Age_____ Job_____
Income $_____/week/bi-weekly/month gross
d. Name_____ Age_____ Job_____
Income $_____/week/bi-weekly/month gross
e. Name_____ Age_____ Job_____
Income $_____/week/bi-weekly/month gross

I hereby certify, under penalty of perjury, that the answers given are true and correct.

I understand that if an attorney is assigned to me, I may be required to **repay** the County of Warren for all or part of such representation if at any time during these proceedings I am found to be ineligible. **Answer All Questions and Do Not Mark ("N/A") On This Application.**

Dated: _____ Signed: _____
(Applicant)

Sworn to before me this
____ day of _____, 20__.

_____
Notary Public