

**CONFIDENTIAL  
STATE OF NEW YORK-COUNTY OF WARREN  
APPLICATION FOR COUNSEL – PART I**

**APPLICANT INFORMATION**

Full Name:		
Date of birth:	SSN:	Home Phone: Cell Phone:
Current address:		Email Address:
City:	State:	ZIP Code:
Marital Status:	Were you born in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Financial Dependents in Household (list all, including minors, adult caregivers, elderly or disabled):		

**CURRENT CASE INFORMATION**

Court:	Judge:	Arrest Date:	Arraignment Date:
Charges:		Next Court Date:	
Alleged Co-Defendant(s):	Alleged Witness(es):	Alleged Victim(s):	

**EMPLOYMENT INFORMATION**

Occupation (if student, indicate the school attending; if self-employed, describe what type of work you do):
Current Employer - Name and Address:
Net Pay (Take Home): \$ _____ per (circle one) week / bi-weekly / month / year

**OTHER CIRCUMSTANCES**

1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is applicant currently receiving, deemed eligible or pending receipt of need-based PA? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has applicant been deemed eligible for assigned counsel in the past six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE OF APPLICANT**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT STOP HERE. AWAIT FURTHER INSTRUCTIONS.**

## APPLICATION FOR COUNSEL – PART II

### OTHER INCOME (DOCUMENTATION MAY BE REQUIRED)

Do you receive a pension, annuity or retirement payments?  Yes  No      If yes, list amount: \$ \_\_\_\_\_

Do you currently receive income from owned real estate?  Yes  No      If yes, list amount: \$ \_\_\_\_\_

List other sources of income you receive (do not include child support or public assistance):

1.

2.

### ASSETS (BANK STATEMENT/DOCUMENTATION MAY BE REQUIRED)

List amount in the following accounts:      Checking \$ \_\_\_\_\_      Savings \$ \_\_\_\_\_

Do you own real estate?  Yes  No      If yes, list/estimate market value and amount owed for each property below:

1. Primary Residence Exception (apply here):      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

2.

3.

List any vehicles owned **not necessary** for basic life activities: (For example – Cars, Boats, RV's, ATV's, Snowmobiles, Motorcycles)

1. Vehicles :      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

2.      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

3.      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

List value of Stocks and Bonds:

1.      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

2.      Market Value \$ \_\_\_\_\_      Amount Owed \$ \_\_\_\_\_

### MONTHLY LIVING EXPENSES (DOCUMENTATION MAY BE REQUIRED)

Food: \$ \_\_\_\_\_      Rent/Mortgage: \$ \_\_\_\_\_      Utilities/Home Fuel: \$ \_\_\_\_\_      Cable/Phone: \$ \_\_\_\_\_      Garbage: \$ \_\_\_\_\_

Transportation/Auto Expenses: Payment \$ \_\_\_\_\_      Insurance \$ \_\_\_\_\_      Maintenance/Repairs \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_      Child Support Pay Out: \$ \_\_\_\_\_      Alimony/Maintenance Pay Out: \$ \_\_\_\_\_

Medical Expenses: Health Ins.: \$ \_\_\_\_\_      Co-Pays: \$ \_\_\_\_\_      Medication: \$ \_\_\_\_\_      Debts: \$ \_\_\_\_\_

List other expenses. Include employment-related expenses, school loans/fees, minimum monthly credit card payments, unreimbursed medical expenses, expenses related to age or disability:

1.

2.

3.

### SIGNATURE OF APPLICANT

Applicant: **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 ineligible.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Applicant)

Sworn to and appeared before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public