

INSTRUCTIONS
ST. LAWRENCE COUNTY
OFFICE OF INDIGENT DEFENSE
APPLICATION - CRIMINAL COURT

- ❑ **COMPLETED APPLICATION FORM:** You must submit ALL of the following required information before your application will be processed. Once your application is complete, it will take at least two (2) business days to process your application to determine eligibility. This application will be denied if any question is not answered or marked not applicable (N/A).
- ❑ **INCOME VERIFICATION:** You must provide information regarding income for every member of your household.

If employed: Pay stubs covering the last thirty (30) days or letter from employer indicating proof of employment, number of hours and wages (i.e. gross pay).

If unemployed: A copy of the letter of eligibility from the NY State Department of Labor AND most recent unemployment check stub.

If self-employed: A copy of the income tax return for the past calendar year OR copies of the books and records of the business showing income and expenses during the last thirty (30) days.

If receiving Public Assistance: A copy of a current eligibility statement.

If receiving Social Security, SSI, SSD or Worker's Compensation: A copy of a letter of eligibility AND a copy of a recent SS, SSI, SSD, or Worker's Compensation check stub.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL
379-2401 FOR ASSISTANCE.

When signing this application you are making a sworn statement that the information in the application is true and accurate. By signing the release on the last page of the application, you are authorizing the Office of Indigent Defense to verify the facts on your application.

ST. LAWRENCE COUNTY OFFICE OF INDIGENT DEFENSE

48 Court Street, Canton, New York 13617-1169

Telephone: 315-379-2401

**APPLICATION FOR ATTORNEY SERVICES
(CRIMINAL COURT)**

PART 1: IDENTIFICATION:

NAME OF CLIENT: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY#: _____

HOME PHONE: _____

CITY: _____

WORK PHONE: _____

STATE: _____

ZIP CODE: _____

MESSAGE PHONE: _____

MARITAL STATUS: _____

SPOUSE'S NAME: _____

SPOUSE'S ADDRESS: _____

STATE: _____ ZIP CODE: _____

YOUR FAILURE TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER MAY RESULT IN TERMINATION OF OUR REPRESENTATION OF YOU.

Employment: _____

Employer's Name	Employer's Address	Position/Title	Weekly Salary (Net)

Bank Account: _____

Name of Bank	Type	Amount

Property owned: _____

Address	Mortgage (yes or no)	Value	Amount still owed

Vehicle owned: _____

Year	Model	Value	Amount still owed

Other Assets owned (provide details): _____

PART 2. REPRESENTATION:

COURT WHERE CHARGES ARE PENDING: _____ JUDGE: _____

CHARGES: (WHAT ARE YOU GOING TO COURT FOR) _____

NEXT COURT DATE AND TIME: _____ DATE OF ARREST: _____

ARE YOU IN JAIL: _____ DATE PUT IN JAIL: _____ ROR/RUS: _____

HAVE YOU BEEN RELEASED ON BAIL: _____ AMOUNT OF BAIL: _____

HOW WAS BAIL POSTED: _____

(Give name and address of person who furnished the cash or collateral for your bail bond.)

HAVE YOU TRIED TO HIRE AN ATTORNEY: _____ WHO: _____

DO YOU PRESENTLY HAVE AN ATTORNEY FOR OTHER CASES: _____ WHO _____

PART 3. CONFLICTS:

WAS ANYONE ELSE CHARGED WITH YOU: _____ IF YES NAME(S): _____

WHO IS THE PERSON(S) THAT FILED THE CHARGES AGAINST YOU: _____

DO YOU HAVE ANY CHARGES OR CASES PENDING IN ANY COURT: (INCLUDING FAMILY COURT:) IF YES LIST YOUR DATES, CHARGES, COURTS ETC. IF FAMILY COURT CASE PENDING, WHO IS THE OTHER PARTY: _____

PART 4. HOUSEHOLD

LIST ALL MEMBERS OF CLIENT'S HOUSEHOLD (including all dependents):

#	NAME	RELATIONSHIP TO CLIENT	AGE	EMPLOYED? YES OR NO? IF YES, YOU MUST PROVIDE COPY OF RECENT PAY STUB	EMPLOYMENT INCOME (NET PAY)
1	Client	N/a			
2					
3					
4					
5					

PART 5. INCOME

NON-EMPLOYMENT HOUSEHOLD INCOME: (include ALL members of household)	AMOUNT		Week, Month, Year, etc.
Public Assistance (Welfare)	\$	Per	
Food Stamps	\$	Per	
Unemployment Insurance Benefits	\$	Per	
Pensions	\$	Per	
SSI/SSD	\$	Per	
Disability Benefits	\$	Per	
Child Support <u>Received</u> : List children:			
1. _____ age _____	\$	Per	
2. _____ age _____	\$	Per	
3. _____ age _____	\$	Per	
4. _____ age _____	\$	Per	
Spousal Maintenance (Alimony) <u>Received</u>	\$	Per	
Money Gifts:	\$	Per	
Other income, specify type:			
1. _____			
2. _____			
3. _____			

PART 6: EXPENSES

HOUSEHOLD EXPENSES ACTUALLY PAID

PAYMENT	AMOUNT		Week, month, year, etc
Insurance, specify type: 1. _____ 2. _____	1. \$ _____ 2. \$ _____	Per	1. _____ 2. _____
Loan, specify type: 1. _____ 2. _____	1. \$ _____ 2. \$ _____	Per	1. _____ 2. _____
Child Support <u>Payments</u> : List children: 1. _____ age _____ 2. _____ age _____ 3. _____ age _____ 4. _____ age _____	\$ _____ \$ _____ \$ _____ \$ _____	Per Per Per Per	
Spousal Maintenance (alimony) <u>PAYMENTS</u> :	\$ _____	Per	
Day Care	\$ _____	Per	
Other Expenses, specify 1. _____ age _____ 2. _____ age _____ 3. _____ age _____ 4. _____ age _____	\$ _____ \$ _____ \$ _____ \$ _____	Per Per Per Per	

PLEASE DESCRIBE ANY OTHER HARDSHIP CIRCUMSTANCES YOU REQUEST THE OFFICE OF INDIGENT DEFENSE TO CONSIDER IN EVALUATING YOUR APPLICATION:

Is there any other person(s) who claims you as a dependent on their State or Federal taxes? Yes No

Is the income listed on this application your only source of income? Yes No

Are the bills listed true to the best of your knowledge? Yes No

Have you ever been represented by any other attorney in this matter? Yes No

NOTICE: In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (PL Sec.210.45).

Affirmed under the penalties of perjury this _____ day of _____, 20__

Applicant's Signature

NOTICE CONCERNING PAYMENT OF ATTORNEY'S FEES TO THE COUNTY

If you are on Public Assistance, receiving another form of government subsidy or payment, or simply a citizen earning a low wage or income, you may be found eligible for attorney legal services. However, if you become employed at a higher rate or salary during the time your case is pending, we will seek partial reimbursement or apply to the court to withdraw as counsel from your case. It is the practice of this office to continue legal services and seek a judgment for attorney's fees in a reasonable amount. You will be asked to consent to the amount to be paid. If you refuse consent, a motion will be made to the Judge asking him to fix a reasonable amount for attorney's fees or, alternatively withdrawal from the case.

I have read and understand the above notice

Applicant's Signature