

**INSTRUCTIONS
FRANKLIN COUNTY
OFFICE OF PUBLIC DEFENDER/ASSIGNED COUNSEL COORDINATOR
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 518-481-1423 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 PUBLIC DEFENDER/ASSIGNED COUNSEL COORDINATOR TO VERIFY THE FACTS ON YOUR APPLICATION.

**FRANKLIN COUNTY OFFICE OF PUBLIC DEFENDER/ASSIGNED COUNSEL
COORDINATOR
1ST FLOOR COURTHOUSE
FRANKLIN COUNTY COURTHOUSE
355 WEST MAIN STREET
MALONE, NY 12953
(518) 481-1423 PHONE
(518)481-1425 FAX**

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

PART 1: IDENTIFICATION:

NAME OF CLIENT: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

HOME PHONE: _____

WORK PHONE: _____

SPOUSE'S NAME: _____

SPOUSE'S ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

**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.**

EMPLOYER: _____

ADDRESS: _____

WEEKLY SALARY (NET): _____

BANK NAME: _____

CHECKING BALANCE: _____

SAVINGS BALANCE: _____

PROPERTY OWNED: _____

VALUE: _____

MORTGAGE: YES _____ NO _____

VEHICLES OWNED: _____

MAKE: _____ MODEL: _____ OWED: _____

VALUE: _____

OTHER ASSETS OWNED: _____

PART 2: REPRESENTATION:

COURT WHERE CHARGES ARE PENDING:

JUDGE:

CHARGES:

NEXT COURT DATE AND TIME:

DATE OF ARREST:

ARE YOU IN JAIL:

DATE INCARCERATED:

ROR/RUS:

HAVE YOU BEEN RELEASED ON BAIL:

AMOUNT OF BAIL:

WHO POSTED BAIL:

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 WHO FILED 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 INCLUDE AGES,
RELATIONSHIP TO YOU, DEPENDENTS AND EMPLOYMENT STATUS AND
INFORMATION:

PART 5: INCOME:

NON-EMPLOYMENT HOUSEHOLD INCOME:

INCLUDE ALL MEMBERS OF HOUSEHOLD

INCLUDE ALL AMOUNTS PER MONTH

PUBLIC ASSISTANCE (WELFARE) _____

FOOD STAMPS: _____

UNEMPLOYMENT BENEFITS: _____

PENSIONS: _____

SSI/SSD: _____

DISABILITY: _____

CHILD SUPPORT RECEIVED:

LIST CHILDREN, AGE AND AMOUNT PER MONTH:

PART 6: EXPENSES:

LIST HOUSEHOLD EXPENSES AND AMOUNT ACTUALLY PAID PER MONTH:

MORTGAGE/RENT: _____

INSURANCE: _____

LOANS: _____

CHILD SUPPORT: LIST ALL CHILDREN AND MONTHLY AMOUNT PAID:

IS THERE ANY OTHER PERSON WHO CLAIMS YOU AS A DEPENDENT ON
THEIR STATE OR FEDERAL TAXES? _____

IS THE INCOME LISTED ON THIS APPLICATION YOUR ONLY SOURCE OF
INCOME? _____

ARE THE BILLS LISTED TRUE TO THE BEST OF YOUR KNOWLEDGE? _____

HAVE YOU EVER BEEN REPRESENTED BY ANOTHER ATTORNEY IN THIS MATTER? _____

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 NEW YORK STATE 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 FRANKLIN 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 JUDGEMENT 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 JUDE 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: _____