



Please return completed application to:
Schuyler County Public Defender's Office
105 9th Street, Unit 7
Watkins Glen NY 14891
Phone (607) 535-6400 Fax (607) 535-6404

Date: _____

Screened by: _____

CONFIDENTIAL

State of New York : County of Schuyler
Application for Assignment of Counsel under County Law, Article 18-B
PART I

PERSONAL INFORMATION

Full Name: _____
Other Last Names Used: _____
Date of Birth: _____
Home Address: _____
Mailing Address: _____
Home phone: _____
Cell phone: _____
Email: _____
Number of your financial dependents in household (other than yourself): _____

CURRENT CASE INFORMATION

Arrest Date: _____ Arraignment Date: _____
Docket No. (if available): _____
Name of Court: _____
Judge: _____
Charges: _____
Co-Defendants (If any): _____
Next Scheduled Court Date: _____
Did you have counsel at your first court appearance? _____

EMPLOYMENT

Occupation (if a student, indicate the school attending): _____
Name and address of Current Employer: _____
Self-employed: Yes No If Yes, nature of self-employment: _____
Amount of Net (Take-Home) Pay: \$ _____ per Year Month Bi-weekly Weekly

Instructions for Court/Screeners: Using the FPG Income Chart, is the applicant's income at or below 250% of the FPG? Yes No

OTHER CIRCUMSTANCES:

- 1) Are you currently incarcerated, detained, or confined to a mental health facility? Yes No
- 2) Are you currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? Yes No
- 3) Within the past 6 months, have you been found eligible for assigned counsel in another criminal case? Yes No

***Instructions for Court/Screeners (In regard to Part 1):
Is Applicant presumptively eligible for assigned counsel? Yes No
[If Yes, counsel shall be assigned. If No, proceed to Part II of the application]***

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PART II

OTHER INCOME

Do you currently receive any pension, annuity, or retirement payments? _____ Yes _____ No

If yes, list the amount: _____

Do you currently receive any income from owned real estate? _____ Yes _____ No

If yes, list the amount: _____

List other sources and amount of income you receive (do not include child support or need-based public assistance):

1. _____

2. _____

ASSETS

List estimated total amount currently in your bank accounts (savings and checking): _____

List all real estate you own: _____

Current Market Value (estimate): _____ Amount owed: _____

List any vehicles you own not necessary for basic life activities: _____

Current Market Value (estimate): _____ Amount owed: _____

List value of all stocks or bonds in your name: _____

MONTHLY LIVING EXPENSES

Food: \$ _____ Rent or Mortgage Payments: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses (Including Payments & Insurance): \$ _____

Child Care: \$ _____ Child Support Paid Out: \$ _____ Alimony Paid Out: \$ _____

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ _____

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: _____

AMOUNT NEEDED FOR BAIL

Bail has been set: _____ Yes _____ No If Yes, indicate the amount: _____

Signature _____ **Date** _____

Court/screener may request additional information or documents.

For Court/Screener Use Only

COST OF RETAINING PRIVATE COUNSEL

What is the average cost of retaining private counsel in your county for the offense the applicant is being charged with? _____

Based on the information in the previous section (seriousness of the offense, income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above? _____ Yes _____ No

ELIGIBILITY

Is the applicant eligible for assigned counsel? _____ Yes _____ No

If answering no, state why: _____
