

Application for Attorney Services (Family Court)

Please print clearly and answer all required questions on this application
DO NOT LEAVE ANY BLANK SPACES – incomplete applications will delay a decision.

ST. LAWRENCE COUNTY INDIGENT DEFENSE

48 Court Street, Canton, N.Y. 13617

Phone: (315) 379-2401 / Fax: (315) 379-0401

NOTE: This application will be reviewed by individuals who are not your attorney. DO NOT write or include any information that may be important to your case.

INFORMATION ABOUT YOU:

Name: _____ Former Name: _____ Gender: MALE / FEMALE

Mailing Address: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____ E-mail: _____

D.O.B.: ____/____/____ Age: _____ Last Four of Social Security: XXXX-XX-____ Spouses Name: _____

Your relationship to the child(ren): ____ Mother ____ Father ____ Sibling ____ Grandparent ____ Other (explain): _____

INFORMATION ABOUT YOUR FAMILY COURT CASE:

Have you tried to hire an attorney for the matter for which you are applying? YES / NO Who: _____

Have you ever been represented by any other attorney in this matter? YES / NO Previous attorney: _____

If you answered yes, was the attorney: () Retained () Assigned () Assigned with repayment Monthly payment: _____

If this application is for THE FILING OF A NEW PETITION, complete the following three questions and go to the next page:

1. Name of person filing petition: _____
2. Name of person petition is being filed against: _____
3. What are you asking the Court for: _____

If this application is for A PETITION THAT HAS ALREADY BEEN FILED AND IS PENDING IN FAMILY COURT, complete the following and go to the next page:

NAME OF CASE: _____ AGAINST _____

TYPE OF CASE: ____ Custody ____ Visitation ____ Guardianship ____ Family Offense ____ Paternity ____ Support Violation ____ Neglect ____ Abuse

JUDGE: _____ FILE# _____ DOCKET# _____ APPEARANCE DATE & TIME _____

PUBLIC BENEFITS:

DO YOU RECEIVE PUBLIC BENEFITS? ___ YES ___ NO *If yes, you MUST provide a copy of your benefit letter.*

Indicate weekly, bi-weekly, or monthly amounts AND provide a copy of your benefit letter.

FOOD STAMPS	PUBLIC ASSISTANCE	SSI/SSD

If you answered YES, take the following four steps to complete the application:

- 1) Go to the last page of this application.
- 2) Review the statement on the last page.
- 3) Print and sign your name, and date where indicated.
- 4) Return the application and benefit letter to: Office of Indigent Defense, 48 Court Street, Public Safety Building, Canton, N.Y. 13617

If you answered NO, please complete all remaining questions on the application. Do not leave blank spaces. If not applicable, please mark N/A or none.

EMPLOYMENT OR STUDENT STATUS:

Are you employed: YES / NO Work Status: FULL TIME / PART TIME How long have you been with your current employer: _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____

Are you a student: YES / NO Student status: FULL TIME / PART TIME

School's Name: _____ School's Phone: _____

School's Address: _____

INCOME AND ASSETS

- You **MUST** report the income for each member of the household.
 - If you are under 21 and supported by your parents, you and your parent(s) both must submit financial information with this form.
 - If you reside with other adults who have income or receive assistance, you must submit proof of their income or assistance with this form.
 - If you have no source of income, what is your present means of support? **This question must be answered to be considered for services.**
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- *If an individual other than your parents is supporting you, you must provide a **signed statement from that person** stating what they are providing for you (i.e. food, shelter, transportation, cash, and any other items of support).*

PLEASE LIST ALL MEMBERS OF APPLICANT'S HOUSEHOLD AND THEIR INCOME. Provide pay stubs covering the last 30 days or the most recent tax return.

	Name	Relationship to Applicant	Age	Employed Yes or No	Gross Pay Weekly, Bi-Weekly, Monthly <i>Must provide proof of income.</i>	Receiving Public Benefits Yes or No
1	Applicant	SELF				
2						
3						
4						
5						
6						

The number of dependents you are financially responsible for: _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING (please indicate weekly, bi-weekly, monthly and name of recipient):

UNEMPLOYMENT	WORKER'S COMP	DISABILITY (Not SSD)	PENSIONS	RETIREMENT	SPOUSAL MAINTENANCE	OTHER INCOME
\$	\$	\$	\$	\$	\$	\$

DO YOU HAVE ANY OF THE FOLLOWING (please indicate amount):

CASH	CHECKING ACCOUNT	SAVINGS ACCOUNT	LIFE INSURANCE	STOCKS/BONDS	OTHER

Do you own any real property? YES / NO What is the estimated value of the property? _____

Write the address of all property: _____

DO YOU OWN ANY OF THE FOLLOWING (please provide estimated value):

	Vehicle	ATV	Snowmobile	Boat	Camper	Other
Make						
Model						
Value	\$	\$	\$	\$	\$	\$

MONTHLY EXPENSES (Proof of expenses may be required after the application has been filed):

MORTGAGE	\$	RENT	\$	PROP. TAXES	\$	UTILITIES	\$
CABLE	\$	TELEPHONE	\$	GARBAGE	\$	WATER/SEWER	\$
AUTO PAYMENT	\$	CAR INS.	\$	LIFE INS.	\$	HOME INS.	\$
CREDIT CARDS	\$	LOANS	\$	HEALTH INS.	\$	MEDICAL	\$
HOME FUEL	\$	FOOD	\$	PHARMACY	\$	CHILD SUPPORT/ ALIMONY	\$

PLEASE READ THE FOLLOWING STATEMENT AND SIGN THIS DOCUMENT SWEARING THAT ALL THE INFORMATION PROVIDED IS ACCURATE, TO THE BEST OF YOUR KNOWLEDGE:

By signing this, you are authorizing the Office of Indigent Defense to verify the facts on your application and authorizing any agency or third party to release information about you to the Office of Indigent Defense and the Court for the purpose of determining eligibility.

If there is a change in your financial circumstances, you are required to report this change to the attorney assigned to represent you immediately. If the change in your circumstances makes you financially able to obtain counsel or to make partial payment for representation or other services, the court may terminate the assignment of counsel or authorize payment to St. Lawrence County.

When signing this application you are making a sworn statement that the information in the application is true and accurate.

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 §210.45).

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

Print Name

Signature

Date

RETURN COMPLETED APPLICATION TO: St. Lawrence County Family Court, 48 Court Street, Canton, N.Y. 13617

Rev 7/2014

OFFICE USE ONLY: () Income above eligibility guidelines () Income within eligibility guidelines Notes: _____

() Public Defender _____ () Conflict Defender _____ () Assigned Counsel _____