

**ST. LAWRENCE COUNTY
OFFICE OF INDIGENT DEFENSE**

48 Court Street, Canton, New York 13617

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APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS (FAMILY COURT)

HOW TO APPLY FOR COUNSEL:

- 1) Apply in person by visiting the Office of Indigent Defense during regular business hours, Monday through Friday.
- 2) Fax the completed application to the Office of Indigent Defense at 315-379-0401.
- 3) Mail the completed application to: **St. Lawrence County Family Court
48 Court Street
Canton, N.Y. 13617**

HOW TO COMPLETE THE APPLICATION FOR ASSIGNMENT OF COUNSEL:

- 1) Answer the questions on the application.
- 2) Provide copies of the court documents relevant to your court case: petition, Order to Show Cause, custody order, order of protection, child support order, motion, discovery demand, interrogatories, scheduling order.
- 3) Submit proof of any income or assistance you are receiving:

Employment:

- Check stubs (last 30 days)
- Statement from your employer (on letterhead) indicating proof of employment, rate of pay per hour, and hours worked per week

Self-Employed:

- Records of business showing income and expenses (last 30 days)
- Tax return for the past calendar year

NYS Unemployment Benefits:

- Copy of current award certificate
- Official correspondence from the New York State Department of Labor

Unearned Income (Social Security Benefits (SSI/SSD), Private Disability Benefits, Veteran's Benefits, Pensions, Retirement, Workers' Compensation):

- Copy of your current award certificate/letter or current benefit check
- If Direct Deposit, a bank statement (last 30 days)

Public Benefits (Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), Social Security Income (SSI), New York State Supplemental Program (SSP), Social Security Disability (SSD), Workers' Compensation, Medicaid, or Public Housing):

- Copy of your current benefit letter
- If you are listed on another individual's benefit letter, you must provide a copy of their benefit letter showing your name as a household member

No source of income/not receiving assistance:

- A notarized statement indicating the name, address, telephone number, and relationship of the individual providing you with food, shelter, transportation, cash, and assisting you with any other expenses or personal needs. An Affidavit of Financial Support is available at the Office of Indigent Defense or on the County website (www.stlawco.org). This document can be notarized at the Office of Indigent Defense, the courthouse, or at any bank or local town or village office. Proof of identity is required for notary services.

Application for Assignment of Counsel (FAMILY COURT)

State of New York, County of St. Lawrence
CONFIDENTIAL

St. Lawrence County Indigent Defense
48 Court Street, Canton, N.Y. 13617

PERSONAL INFORMATION

Name: _____ Former Name: _____

D.O.B.: ____/____/____ Age: _____ Last Four of Social Security: XXXX-XX-____ Gender: M / F

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ Where were you born? _____

Home Phone: _____ Other Phone: _____ Message Phone: _____

E-mail: _____ Have you been a member of the Armed Forces? YES NO

Marital Status: SINGLE / MARRIED Number of financial dependents: _____

Spouse's Name: _____ Spouse's Net Income: _____

Others residing in the home: _____ Relationship to applicant: _____

_____ Relationship to applicant: _____

_____ Relationship to applicant: _____

CURRENT CASE INFORMATION

Your relationship to the child(ren): Mother Father Other _____

Have you tried to hire an attorney? YES NO WHO: _____

Are you currently represented by an attorney? YES NO Attorney's name: _____

THE FILING OF A NEW PETITION A PETITION THAT HAS ALREADY BEEN FILED AND IS PENDING IN FAMILY COURT

Person filing petition/Petitioner: _____ Date of Birth: _____

Person petition is being filed against/Respondent: _____ Date of Birth: _____

What are you asking the court for: _____

Type of Case: Custody Visitation Family Offense Paternity Support Neglect/Abuse

Initial Violation Modification Previous AROC (At Request of Court)

File# _____ Docket# _____ Court date/time: _____

File# _____ Docket# _____ Judge: _____

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)? YES NO

If YES, check all that apply:

Medicaid Family Assistance (TANF) Supplemental Nutrition Assistance (SNAP)

Social Security Income (SSI) Public Housing Safety Net Assistance (SNA)

Veteran Disability Pension Workers' Compensation New York State Supplemental Program (SSP)

Are you in jail? YES NO Are you in a mental health or treatment facility? YES NO

Within the past 6 months, have you been found eligible for assigned counsel in another family case? YES NO

Date: _____ Screened by: _____ PRESUMPTIVELY ELIGIBLE: YES NO PD CD AC

EMPLOYMENT OR STUDENT STATUS:

Employed: YES NO Student: YES NO Work/Student Status: FULL TIME PART TIME

Net Pay (Take-Home): _____ Weekly Bi-Weekly Monthly Yearly

Employer/School Name: _____ Employer/School Phone: _____

Employer's Address: _____

If self-employed, indicate and describe the nature of employment:

OTHER INCOME

Do you receive income from (check all that apply):

Unemployment Private Disability or SSD Pensions Retirement Real Estate

NET Amount: _____ Weekly Bi-Weekly Monthly Yearly

Other income (explain): _____

NET Amount: _____ Weekly Bi-Weekly Monthly Yearly

ASSETS

List estimated total amount currently in your Savings Account \$ _____ and Checking Account \$ _____

List value of all stocks and bonds in your name: \$ _____

List all real estate you own (except for your primary residence): _____

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

List any vehicles you own not necessary for basic life activities (additional vehicles, ATV, Snowmobile, Boat, Camper):

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

MONTHLY LIVING EXPENSES

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

Auto Payment: \$ _____ Auto Insurance: \$ _____ Transportation Expense: \$ _____

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

Medications: \$ _____ Medical Bills/Debt: \$ _____ Health Insurance: \$ _____

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:

1. _____
2. _____
3. _____

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.

Signature

Date