

**CONFIDENTIAL**

**Application for Assignment of Counsel under County Law, Article 18-B**

Return completed form and proof of income to:

Tioga County Family Court

PO Box 10

Owego, NY 13827

(607) 689-6077

Email: [TiogaFamilyCourt@nycourts.gov](mailto:TiogaFamilyCourt@nycourts.gov); [TiogaSupportCourt@nycourts.gov](mailto:TiogaSupportCourt@nycourts.gov)

Please include PROOF OF INCOME, such as a paycheck stub, determination of benefits, sworn statement of the person providing your support, etc. along with this application.

**Failure to do so may result in delay or denial of your application.**

All questions must be answered, or your application may be denied.

If you are under 21, and living at home, you must provide all financial information for your parents.

If you are married and live with your spouse, you must provide financial information for your spouse.

**PART I**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of financial dependents in household and their relationship to you (ex: child, parent, spouse, domestic partner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT CASE INFORMATION**

FF#: \_\_\_\_\_

Docket No. (if available): \_\_\_\_\_

Name of Court: Tioga County Family Court

Judge: \_\_\_\_\_

Petitions Pending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Scheduled Court Date: \_\_\_\_\_

**EMPLOYMENT**

Occupation (if a student, indicate the school attending; if self-employed, indicate and describe the nature of employment):  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Net (Take-Home) Pay: \$ \_\_\_\_\_ per  Year  Month  Bi-weekly  Weekly ***Please Provide a Paystub.***

If Married, what is your spouse's 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

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**PART II**

**OTHER CIRCUMSTANCES**

- 1) Is the applicant currently incarcerated, detained, or confined to a mental health facility?  Yes  No
- 2) Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)?  
 Yes  No    If yes, check which program:  TANF/Family Assistance  SNAP  Safety Net Assistance  SSI/SSP  
 Medicaid  Public Housing (**Provide statement of benefits received.**)
- 3) Within the past 6 months, has the applicant been found eligible for assigned counsel in another court case?  Yes  No

**OTHER INCOME**

Does the applicant currently receive pension, annuity, or retirement payments?  Yes  No

If yes, list the amount: \_\_\_\_\_

Does the applicant currently receive income from owned real estate?  Yes  No

If yes, list the amount: \_\_\_\_\_

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

1. \_\_\_\_\_  
2. \_\_\_\_\_

**ASSETS**

List estimated total amount currently in applicant's bank accounts (savings and checking): \_\_\_\_\_

List all real estate applicant owns (see instructions for primary residence exception): \_\_\_\_\_

Current Market Value (estimate): \_\_\_\_\_    Amount Owed: \_\_\_\_\_

List any vehicles applicant owns not necessary for basic life activities: \_\_\_\_\_

Current Market Value (estimate): \_\_\_\_\_    Amount Owed: \_\_\_\_\_

List value of all stocks or bonds in applicant's 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:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

I affirm under penalty of perjury under the laws of New York State that the foregoing is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_