

# **CONFIDENTIAL**

## State of New York, County of Otsego APPLICATION FOR ASSIGNMENT OF COUNSEL UNDER COUNTY LAW ARTICLE 18-B

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

Screened by: \_\_\_\_\_

### **PART I:**

#### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Number of financial dependents in household: \_\_\_\_\_

#### CURRENT CASE INFORMATION

##### **CRIMINAL CASES:**

Name of Court: \_\_\_\_\_

Docket No(s): \_\_\_\_\_

Arraignment Date: \_\_\_\_\_ Arrest Date: \_\_\_\_\_

Charges: \_\_\_\_\_

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

##### **FAMILY COURT CASES:**

Name of Court: \_\_\_\_\_

Docket No(s): \_\_\_\_\_

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

Type of Proceeding (Check all that apply):

Custody/Visitation  Neglect/Abuse  Family Offense

Support Violation  Paternity  Other: \_\_\_\_\_

#### EMPLOYMENT

Occupation (if 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 pay stub*)

**INSTRUCTIONS FOR SCREENER: Using the FPG Income chart, is the applicant's income at or below 250% of the FPG?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

#### OTHER CIRCUMSTANCES

- 1) Is the applicant currently incarcerated, detained, or confined to a mental health facility? **Y / N**
- 2) Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? **Y / N**
- 3) Within the past 6 months, has the applicant been found eligible for assigned counsel in another matter? **Y / N**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Applicant: Stop here. Await further instructions.**

**INSTRUCTIONS FOR SCREENER: 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

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):  
\_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

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

## **For Court Screener:**

### AMOUNT NEEDED FOR BAIL

Bail has been set: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, indicate the amount: \$ \_\_\_\_\_

### COST OF RETAINING PRIVATE COUNSEL

What is the cost of retaining private counsel in your county for the matter for which the applicant seeks representation?  
\_\_\_\_\_

### ELIGIBILITY

Is the applicant eligible for assigned counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answering No, state why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_