

Address: 80 Bridge Street, Suite 310, Catskill, NY 12414

Phone #: 518-719-3220

Fax #: 518-719-3785

Email: PublicDefender@greenecountyny.gov

CONFIDENTIAL PART I

State of New York

County of Greene

Application for Assignment of Counsel

Date: _____

Screened by: _____

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Number of financial dependents in household _____

Are you a US Citizen: _____ If no place of birth _____

Are/Were you in military _____ Which branch _____

Type of discharge _____

Any prior arrests/convictions _____

CURRENT CASE INFORMATION

Arrest/Petition Date: _____ Arraignment Date: _____

Docket No. (if available): _____

Name of Court: _____

Judge: _____

Charges/Issues: _____

Co-Defendants/Name of opposing party: _____

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

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

3) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? ____ Yes ____ No

PERMISSION TO DESTROY CASE RECORDS

By signing below, I _____ a client of the Greene County Public Defender's Office, instruct said office to dispose of my file by destroying and/or shredding the file(s) six (6) years subsequent to the final disposition of my pending matter.

Signature: _____ Date: _____

Print Name: _____

CONFIDENTIAL 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):

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. _____

Signature _____ Date _____

For Court or 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 offense the applicant is being charged with?

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