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

Pronouns: \_\_\_\_\_

Number of financial dependents in household \_\_\_\_\_

Were you born in the US?: \_\_\_\_ 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 \_\_\_\_\_