SCHOHARIE COUNTY

APPLICATION FOR ASSIGNMENT OF COUNSEL in Criminal COURT – Part I

Mail or Fax application to:	- OR -	**Indigent Legal Services Drop Box:**
Schoharie County Office of Legal Defense of Indigents PO Box 531 Schoharie, New York 12157 Phone: (518) 295-8740; FAX (518) 295-8750		Drop Box Location: Schoharie County Office Building 284 Main Street, Schoharie New York Spring Street Entrance

ANSWER ALL QUESTIONS and PRINT NEATLY

Full Name:	Age:	Date of Birth:
Home Address:	Town/City:	
	State:	Zip Code:
Email:		
Current Address (if not staying at Home Address):	Emergency / Trusted Person: Name: Relationship:	
Home Phone: ( )	Cell Phone: ( )	Emergency / Trusted Person Phone: ( )
Number of Financial Dependents in Household: _____ List all, including the applicant, minors, elderly or disabled:		

CURRENT CASE INFORMATION

Criminal Case:

Court:	Judge:	Arrest Date:	Arraignment Date:
List Charges:			Arraignment Attorney:
			Next Court Date:
Alleged Co-Defendant(s):	Alleged Witness(es):	Alleged Victim(s): Relationship:	

EMPLOYMENT AND FINANCIAL INFORMATION

Are you currently employed? ☐Yes ☐No	**Are you currently receiving unemployment benefits?** ☐Yes ☐No	**Are you currently a student?** ☐Yes ☐No
Occupation (if self-employed, describe what type of work you do):		**Name of School**:
Current Employer:		Employer Phone: ( )
Address:	Town/City;	State: / Zip Code:

To qualify for assigned counsel, you must provide proof of either: Income, Unemployment Benefits or Need Based Assistance.
ie: Last 2 Pay Stubs, W2, Bank Statement, Unemployment Benefit Statement, or a Copy of a Benefit Card, etc. Call with Questions: (518) 295-8740

Your Net Pay (Take Home) $ _____ per ☐Week ☐Twice per Week ☐Month ☐Twice per Month ☐Year

Your Income from Any Other Source $ _____ per ☐Week ☐Twice per Week ☐Month ☐Twice per Month ☐Year
Such as Benefits, Interest, Dividends, Rents, etc.

Does Applicant have a Bank Account(s)? ☐Yes ☐No Amount(s) Total $	**Did Applicant make bail?** ☐Yes ☐No Person who paid Amount Paid $

1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility? ☐Yes ☐No
2. Is applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? ☐Yes ☐No
   For example: SNAP, WIC, SSI, Medicaid, Public Housing, etc.
3. Has applicant been assigned counsel in a court in Schoharie County within the past six (6) months? ☐Yes ☐No
   If Yes, Name of Attorney:

APPLICANT AFFIRMATION OF TRUTHFUL INFORMATION

By my signature, I declare that I have examined the above statements, affirm that they are made by me, and to the best of my knowledge and belief, they are true and correct. I acknowledge that knowingly making false statements on this application is punishable as a Class A Misdemeanor pursuant to Penal Law §210.45 and could also be punishable as a Felony under other sections of law such as Offering a False Instrument for Filing pursuant to Penal Law §175.35.

Signature of applicant: _____ **Date:** _____

Mail or Fax application to:	- OR -	Indigent Legal Services Drop Box:
Schoharie County Office of Legal Defense of Indigents PO Box 531 Schoharie, New York 12157 Phone: (518) 295-8740; FAX (518) 295-8750		Drop Box Location: Schoharie County Office Building 284 Main Street, Schoharie New York Spring Street Entrance

ADDITIONAL INFORMATION NEEDED (Documentation may be required)

Have you contacted a local attorney to learn the cost of retaining private counsel in Schoharie County? ☐ Yes ☐ No Attorney contacted:

Do you currently receive any pension, annuity, or retirement payments? ☐ Yes ☐ No If yes, list amount: $

Do you currently receive income from owned real estate? ☐ Yes ☐ No If yes, list amount: $

List other sources of income you receive (do not include child support or public assistance):

1.

2.

ASSETS (Bank Statements/Documentation may be required)

List amounts in the following bank accounts: Checking $ _____ Savings $ _____

Do you own Real Estate? ☐ Yes ☐ No If yes, list/estimate market value and amount owned for each property below:

1. Primary Residence	Market Value $	Amount Owed $
2.	Market Value $	Amount Owed $
3.	Market Value $	Amount Owed $

List any vehicles owned **not necessary** for basic life activities: (For example – Cars, Boats, RV's, ATV's, Snowmobiles, Motorcycles, etc.)

1.	Market Value $	Amount Owed $
2.	Market Value $	Amount Owed $
3.	Market Value $	Amount Owed $

List value of Stocks and Bonds:

1.	Est. Market Value $	Amount Owed $
2.	Est. Market Value $	Amount Owed $

MONTHLY LIVING EXPENSES (Documentation may be required)

Food: $	Rent/Mortgage: $	Utilities: $
Child Care: $	Child Support Paid Out: $	Alimony/Maintenance Paid Out: $
Health Insurance: $	Medical Co-Pays: $	Medication: $
Medical Debts: $	Transportation Expenses/ Auto Payment: $	Auto Insurance: $

List any other expenses. Include employment-related expenses, school loans/fees, minimum monthly credit card payments, unreimbursed medical expenses, expenses related to age or disability:

1.

2.

APPLICANT AFFIRMATION OF TRUTHFUL INFORMATION

By my signature, I declare that I have examined the above statements, affirm that they are made by me, and to the best of my knowledge and belief, they are true and correct. I acknowledge that knowingly making false statements on this application is punishable as a Class A Misdemeanor pursuant to Penal Law §210.45 and could also be punishable as a Felony under other sections of law such as Offering a False Instrument for Filing pursuant to Penal Law §175.35. By my signature I also grant permission to the Department of Social Services, the Social Security Administration and any banks, credit institutions, or other lending institutions to release information to the Office of the Schoharie County Office of Legal Defense of Indigents to determine the veracity of the information I have provided.

Signature of applicant: _____ **Date:** _____

Schoharie County
Office of Legal Defense of Indigents

PO Box 531
Schoharie, New York 12157
Tel: (518) 295-8740 Fax: (518) 295-8750

Administrator
Suzanne Hayner Graulich, Esq.

Legal Assistant
Kayla Redmond

If you are unable to provide proof of income, please use this page to further explain your financial circumstances. Be sure to include the date and your signature.

Schoharie County
Office of Legal Defense of Indigents
PO Box 531
Schoharie, New York 12157
Phone: (518) 295-8740; FAX (518) 295-8750

RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize,

- the **Schoharie County Office of Legal Defense of Indigents to OBTAIN FROM** the Schoharie County Department of Social Services

AND

- the **Schoharie County Department of Social Services to RELEASE TO** the Schoharie County Office of Legal Defense for Indigents

The following information:

An award letter, notice, decision, or other proof of current eligibility for need-based public assistance such as: (check all that apply)

□ SNAP - New York State Supplemental Nutrition Assistance Program
□ HEAP - New York Low Income Home Energy Assistance Program
□ TA – New York Temporary Assistance
□ Medicaid

I understand that my records are protected under state and federal confidentiality regulations and cannot be disclosed without my written release unless otherwise provided for in the regulations. I also understand that I may revoke this release at any time except to the extent that action has been taken in reliance on it and that in any event this release expires automatically as described below.

I understand that the information used or disclosed as a result of this signed document may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

<u>This release of information will expire</u> six months from the following date of execution of this release:

Executed this _____ day of _____, 20_____.
month

_____ _____
Signature of Applicant or Legal Representative If Legal Representative, describe relationship