

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Week	<input type="checkbox"/> Twice per Week	<input type="checkbox"/> Month	<input type="checkbox"/> Twice per Month	<input type="checkbox"/> Year
Your Income from Any Other Source	\$ _____ per	<input type="checkbox"/> Week	<input type="checkbox"/> Twice per Week	<input type="checkbox"/> Month	<input type="checkbox"/> Twice per Month	<input type="checkbox"/> Year
Such as Benefits, Interest, Dividends, Rents, etc.						
Does Applicant have a Bank Account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Applicant make bail? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Amount(s) Total \$		Person who paid		Amount Paid \$		
1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Is applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? For example: SNAP, WIC, SSI, Medicaid, Public Housing, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Has applicant been assigned counsel in a court in Schoharie County within the past six (6) months? If Yes, Name of Attorney:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

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:** _____

PROTECT YOUR RIGHTS

Get an Attorney Immediately

Because a criminal charge is pending against you, it is important to hire an attorney or apply for assignment of counsel, if you cannot afford to hire an attorney. Time is vital to your case.

If you hire a private attorney,

- ✓ Have your attorney send a Notice of Appearance letter to the court so that the court knows that you are represented.

If you would like to apply for assigned counsel,

- ✓ Fill out the application on the back of this notice to qualify for assignment of counsel.
- ✓ If you have any questions or would like more information, please call the Schoharie County Office of Legal Defense of Indigents at (518) 295-8740.

IF AN ATTORNEY WAS ASSIGNED TO REPRESENT YOU AT ARRAIGNMENT,

The Arraignment Attorney was assigned for the arraignment ONLY!

If you were released on your own recognizance (ROR), or if you made bail,

- ✓ You must either hire an attorney or fill out an application to qualify for assignment of counsel.

If you were remanded into custody, either the arraignment attorney or another attorney can be assigned to represent you while you are still in custody. However,

- ✓ Once you are released, you must either hire an attorney or fill out an application to qualify for assignment of counsel.

DO NOT GO UNREPRESENTED – DO NOT WASTE TIME