

**OFFICE OF THE PUBLIC DEFENDER
COUNTY OF GENESEE**

Lisa M. Kroemer
Jamie B. Welch
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Asst. Public Defenders
Criminal Court Bureau

Jerry Ader
Public Defender



Kelly Donohue Burns
Senior Asst. Public Defender
Family Court Bureau

Lisa M. Bruce
Asst. Public Defender
Family Court Bureau

Patrick Cecere
Case Manager

Leo M. Hunter
Investigator

Dear Applicant:

You have informed the Court that you would like to be assigned an attorney from the Genesee County Public Defender's Office. Attached you will find our office's Application and Financial Status form to assist us in determining your eligibility. Please complete the form as thoroughly as possible and return it to our office either in person, by mail, by fax or by attachment to an e-mail. You are no longer required to make an appointment with our office to determine your eligibility.

To support your request for assigned counsel, the attached form submitted to our office must include proof of your income. If you (or your spouse or parents if you are under 21) are working, you need to include copies of the last two (2) paycheck stubs from each. If you (or your spouse or parents if you are under 21) do not work, documentation from the public assistance agency (DSS, Social Security, Worker's Compensation, Unemployment) showing that you, your spouse or parents (if required) receive support will be needed. If you (or your spouse or parents if you are under 21) have a bank account, you must also include a copy of your most recent bank's statement showing the balance of the account(s).

Please note that an incomplete application will delay our determination of your eligibility for assigned counsel. Also, if you are eligible for our services, the sooner that determination is made by this office, the sooner you can discuss your case with your attorney before you return to Court. If you have any questions in regards to this application or need further assistance, you can contact our office or visit the Public Defender website at co.genesee.ny.us. If you prefer contact by email, please make sure to provide us with your email address on your application.

Sincerely,

Jerry Ader

JA/jea

COUNTY COURTS FACILITY, 1 WEST MAIN STREET, BATAVIA, NEW YORK 14020

Phone: (585) 815-7815 Fax: (585) 344-8553

publicdefender@co.genesee.ny.us

Application and Financial Status: Genesee County Public Defender – Criminal/Family Court

YOU MUST PROVIDE LAST YEAR'S TAX RETURN, CURRENT PAY STUBS OR ASSISTANCE LETTERS FROM THE DEPARTMENT OF SOCIAL SERVICES OR SOCIAL SECURITY WITH THIS APPLICATION

TO PROPERLY DETERMINE YOUR ELIGIBILITY FOR PUBLIC DEFENDER SERVICES, THIS ENTIRE APPLICATION BOTH FRONT AND BACK IS REQUIRED TO BE FILLED OUT. INCOMPLETE APPLICATIONS WILL BE RETURNED AND RESULT IN DELAYS IN PROCESSING YOUR APPLICATION.

PERSONAL INFORMATION: (Please print clearly)

Name: _____ SS# _____ Sex: M F

Mailing Address: _____ Telephone: _____ Email address: _____

City, State & Zip Code: _____ Date of Birth: _____ Age: _____

Where you were born? _____ Have you served in the military? _____

Current household members (name and relationship): _____
(You must list all people in the house and include their relationship to you)

Criminal/Family Case Information:

Court: _____ Judge's Name: _____

First Court Date: _____ Next Court Date: _____

Jail: In Out Bail: Cash/Bond \$ _____ Paid by Whom: _____

Charges: *(The crimes you are accused of committing)* Highest Charge is Misdemeanor or Felony

List charges: _____

Family Court Petition for _____

Marital and Financial Information: **If you are under the age of 21 fill out your information and your parents' information. If you are married, include your spouse's name and income information.** If you receive SSI or Public Assistance indicate the source and amount under Other Income, For example: Other Income: Source SSI Amount received \$550.00 per month

Marital, employment and financial information: Single Married Separated Divorced

Number of **your biological or adopted Children** living with you (under age 21) Child support you **pay** per week: \$ _____

Are you currently employed? Yes No Child support you **receive** per week \$ _____

If not employed, date last worked and where: _____

If not employed, how do you support yourself (buy your groceries, etc.)?

Your Gross Income per Week (Before Deductions): \$ _____ Hourly Rate? _____ Hours per week _____

Employer: _____ Work telephone Number _____

Address: _____ Employed from _____ to Present

Spouse's Gross Weekly Income (Before Deductions) Name _____ Hourly Rate \$ _____ Hours per week _____

Employer: _____ Work Telephone Number _____

Address: _____ Employed from _____ to present

Parents' Gross Weekly Income: (if Applicant under age 21) (Before Deductions) Father \$ _____ Mother \$ _____

(Continue Application on Other Side)

Monthly Expenses:

- A. Monthly Rent or Mortgage Payment \$ _____
- B. Vehicle(s) Payment _____
- C. Child Care _____
- F. Utilities (Gas, Electric, Phones, etc.) \$ _____
- E. Other Debt/Extraordinary Expenses _____

Please provide a copy of your most recent bank statement(s) showing the balance of your account with your application

Assets:

- 1. Real property owned by Applicant or Spouse (If you are under 21, list property owned by parents)**
 - A. Owner Name: _____
 - B. Relationship to Applicant: _____
 - C. Address: _____
 - D. Single or Multiple Dwelling: Single Multiple
 - E. Estimated Market Value: \$ _____
 - F. Mortgage Balance: \$ _____

- 2. Autos, Motorcycles, Boats, Etc. Owned by Applicant or Spouse (If you are under 21, list vehicles owned by parents)**
 - A. Owner Name: _____
 - B. Relationship to Applicant: _____
 - C. Year/Make/Model: _____
 - D. Estimated Market Value(s): \$ _____
 - E. Loan Balance(s): \$ _____

- 3. Bank Accounts or Other Assets of Applicants or Spouse (If you are under 21, list property owned by parents)**
 - A. Name: _____
 - B. Relationship to Applicant _____
 - C. Checking Acct. Bal. \$ _____ Bal. \$ _____ at _____
 - D. Savings Acct. Bal. \$ _____ Bal. \$ _____ at _____
 - E. Investments: _____ Cash on Hand \$ _____
 - F. Account Numbers: _____
 - G. Any other assets (including value) not specified above: _____

I MAKE THIS WRITTEN INSTRUMENT REGARDING MY BACKGROUND AND FINANCIAL STATUS AND I CERTIFY THAT THE INFORMATION PRESENTED IN THIS WRITTEN INSTRUMENT IS TRUE AND CORRECT. I UNDERSTAND THAT ISSUING A WRITTEN INSTRUMENT THAT CLAIMS TO DESCRIBE MY FINANCIAL CONDITION, OR ABILITY TO PAY, AND WHICH IS INACCURATE IN SOME MATERIAL RESPECT WITH THE INTENT TO DEFRAUD OR OBTAIN SERVICES WITH THE GENESEE COUNTY PUBLIC DEFENDER’S OFFICE UNDER FALSE PRETEXT, IS A CLASS A MISDEMEANOR PURSUANT TO SECTION 175.45 OF THE PENAL LAW.

A CLASS A MISDEMEANOR IS PUNISHABLE BY UP TO ONE YEAR IN JAIL, AND/OR UP TO A \$1,000.00 FINE.

Date: _____

Signature: _____

**RETURN TO: GENESEE COUNTY PUBLIC DEFENDER’S OFFICE
 COUNTY COURTS FACILITY
 1 WEST MAIN STREET
 BATAVIA, NEW YORK 14020
 PHONE: (585) 815-7815
 FAX: (585) 344-8553
 EMAIL: PUBLICDEFENDER@CO.GENESEE.NY.US**

For Office Use Only	
Eligible: <input type="checkbox"/> Yes	<input type="checkbox"/> No
PD _____	Assigned Counsel _____
Approved by:	