

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

Lisa M. Kroemer
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Asst. Public Defenders
Criminal Court Bureau

Patrick Cecere
Case Manager

Jerry Ader
Public Defender



Kelly Donohue Burns
Senior Asst. Public Defender
Family Court Bureau

Lisa M. Bruce
Asst. Public Defender
Family Court Bureau

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 first page as thoroughly as possible and return it to our office either in person, by mail, by fax or by attachment to an e-mail. Please note that if your income appears to be over the eligibility guidelines, you may be required to complete the second page. In that situation, our office will be contacting you. Please allow yourself ample time prior to your Court appearance to submit the first page of the application so that if the second page is required, you will have time to complete and return it to us.

To support your request for assigned counsel, the attached form submitted to our office **MUST** include proof of your income. If you are working, you need to include copies of the last two (2) paycheck stubs from each. If you do not work, documentation from the public assistance agency (DSS, SSI, SSD, Social Security, Worker's Compensation, Unemployment) showing that you receive support will be needed.

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
Enclosure

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

Phone: (585) 815-7815

Fax: (585) 344-8553

publicdefender@co.genesee.ny.us

Please return completed application to:
Genesee County Public Defender's Office
County Courts Facility – One West Main Street
Batavia, NY 14020

Phone: (585) 815-7815

Fax: (585) 344-8553

Email: publicdefender@co.genesee.ny.us

Date: _____

Screened by: _____

CONFIDENTIAL

PART I

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Have you ever served in the military? _____

Number of financial dependents in household (other than yourself): _____

CURRENT CASE INFORMATION

Arrest Date: _____ Arraignment Date: _____

Docket No. (if available): _____

Name of Court: _____

Judge: _____

Charges: _____

Co-Defendants (if any): _____

Next Scheduled Court Date: _____

Did you have counsel at your first court appearance? _____

EMPLOYMENT

Occupation (if a student, indicate the school attending): _____

Name and address of Current Employer: _____

Self-Employed ___ Yes ___ No If yes, nature of self-employment: _____

If not working, how do you support yourself: _____

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) Within the past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? ___ Yes ___ No

Signature: _____

Date: _____

STOP

Applicant: Stop here. Await further instructions.

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: _____

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 Payment: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses (Including Payments and Insurance): _____

Child Care: \$ _____ Child Support Paid Out: \$ _____ Maintenance Paid Out: \$ _____

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ _____

List other expenses. Include employment-related expenses, educational loans and costs, minimum monthly credit card payments, unreimbursed medical expenses, and expenses related to age or disability: _____

AMOUNT NEEDED FOR BAIL

Bail has been set: ____ Yes ____ No If yes, indicate the amount: _____

Signature: _____ **Date:** _____

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

ELIGIBILITY

Is the applicant eligible for assigned counsel? ____ Yes ____ No

If answering no, state why: _____

For Court/Screeners Use Only