

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

**Lisa M. Kroemer**  
**Jamie B. Welch**  
**Michael J. LoCicero**  
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](http://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](mailto: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

Date: \_\_\_\_\_

Screened by: \_\_\_\_\_

Phone: (585) 815-7815

Fax: (585) 344-8553

Email: [publicdefender@co.genesee.ny.us](mailto:publicdefender@co.genesee.ny.us)

**CONFIDENTIAL**

**PART I**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions for Court/Screeners: Using the FPG Income chart, is the applicant's income at or below 250% of the FPG?  Yes  No

Instructions for Court/Screeners (In regard to Part 1):

Is applicant presumptively eligible for assigned counsel?  Yes  No  
[If Yes, counsel shall be assigned. If no, proceed to part II of the application]

**CONFIDENTIAL**

[Type text]

**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 & 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 & 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**