

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

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

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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 e-mail, please make sure to provide us with your e-mail 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

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

Maiden name or any other surnames you have used: _____

Mailing Address: _____ Telephone: _____ E-mail address: _____

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

Where were you 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)

Family Case Information:

Court: _____ Judge's Name: _____

First Court Date: _____ Next Court Date: _____

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 \$ _____
- D. 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
 E-MAIL: PUBLICDEFENDER@CO.GENESEE.NY.US

For Office Use Only	
Eligible: ___ Yes	___ No
PD _____	Assigned Counsel _____
Approved by:	