APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS (FAMILY COURT)

ST. LAWRENCE COUNTY
OFFICE OF INDIGENT DEFENSE
48 Court Street, Canton, New York 13617

Telephone: 315-379-2401
Fax: 315-379-0401
E-mail: fsthilaire@stlawco.org
lbrothers@stlawco.org

HOW TO APPLY FOR AN ATTORNEY:

1) **Answer the questions on the application.**
2) **Provide copies of the court documents relevant to your court case:** petition, Order to Show Cause, custody order, order of protection, child support order, motion, discovery demand, interrogatories, scheduling order.
3) **Submit proof of any income or assistance you are receiving**:

Employment:
- Check stubs (last 30 days)
- Statement from your employer (on letterhead) indicating proof of employment, rate of pay per hour, and hours worked per week

Self-Employed:
- Records of business showing income and expenses (last 30 days)
- Tax return for the past calendar year

NYS Unemployment Benefits:
- Copy of current award certificate
- Official correspondence from the New York State Department of Labor

Unearned Income (Social Security Benefits (SSI/SSD), Private Disability Benefits, Veteran's Benefits, Pensions, Retirement, Workers' Compensation):
- Copy of your current award certificate/letter or current benefit check
- If Direct Deposit, a bank statement (last 30 days)

Public Benefits (Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), Social Security Income (SSI), New York State Supplemental Program (SSP), Social Security Disability (SSD), Workers' Compensation, Medicaid, or Public Housing):
- Copy of your current benefit letter
- If you are listed on another individual's benefit letter, you must provide a copy of their benefit letter showing your name as a household member

No source of income/not receiving assistance:
- A **notarized statement** indicating the name, address, telephone number, and relationship of the individual providing you with food, shelter, transportation, cash, and assisting you with any other expenses or personal needs. An Affidavit of Financial Support is available at the Office of Indigent Defense or on the County website (www.stlawco.org). This document can be notarized at the Office of Indigent Defense, the courthouse, or at any bank or local town or village office. Proof of identity is required for notary services.

HOW TO SUBMIT YOUR COMPLETED APPLICATION:

1) Apply in person at the Office of Indigent Defense during business hours, Monday through Friday.
2) Fax the completed application to the Office of Indigent Defense at 315-379-0401.
3) Mail the completed application to: St. Lawrence County Family Court
   48 Court Street
   Canton, N.Y. 13617

Application for Assignment of Counsel (FAMILY COURT)

State of New York, County of St. Lawrence
CONFIDENTIAL

St. Lawrence County Indigent Defense
48 Court Street, Canton, N.Y. 13617

PERSONAL INFORMATION

Name: _____ Former Name: _____

D.O.B.:____/____/____ Age: _____ Last Four of Social Security: XXXX-XX-_____ Gender: M / F

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ Where were you born? _____

Home Phone: _____ Other Phone: _____ Message Phone: _____

E-mail:_____ Have you been a member of the Armed Forces? ☐ YES ☐ NO

Marital Status: SINGLE / MARRIED Number of financial dependents: _____

Spouse's Name (living with you): _____ Spouse's Net Income: _____

Children/others (living with you): _____ Relationship to applicant: _____

_____ Relationship to applicant: _____

_____ Relationship to applicant: _____

CURRENT CASE INFORMATION

Your relationship to the child(ren): ☐ Mother ☐ Father ☐ Other _____

Have you tried to hire an attorney? ☐ YES ☐ NO WHO: _____

Are you currently represented by an attorney? ☐ YES ☐ NO Attorney's name: _____

☐ THE FILING OF A NEW PETITION ☐ A PETITION THAT HAS ALREADY BEEN FILED AND IS PENDING IN FAMILY COURT

Person filing petition/Petitioner: _____ Date of Birth: _____

Person petition is being filed against/Respondent: _____ Date of Birth: _____

What are you asking the court for: _____

Type of Case: ☐ Custody ☐ Visitation ☐ Family Offense ☐ Paternity ☐ Support ☐ Neglect/Abuse
☐ Initial ☐ Violation ☐ Modification ☐ Previous AROC (At Request of Court)

File# _____ Docket# _____ Court date/time: _____

File# _____ Docket# _____ Judge: _____

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)? ☐ YES ☐ NO

If YES, check all that apply:

☐ Medicaid ☐ Family Assistance (TANF) ☐ Supplemental Nutrition Assistance (SNAP)

☐ Social Security Income (SSI) ☐ Public Housing ☐ Safety Net Assistance (SNA)

☐ Veteran Disability Pension ☐ Workers' Compensation ☐ New York State Supplemental Program (SSP)

Are you in jail? ☐ YES ☐ NO Are you in a mental health or treatment facility? ☐ YES ☐ NO

Within the past 6 months, have you been found eligible for assigned counsel in another family case? ☐ YES ☐ NO

Date: _____ *Screened by:* _____ *PRESUMPTIVELY ELIGIBLE:* ☐ *YES* ☐ *NO* ☐ *PD* ☐ *CD* ☐ *AC*

EMPLOYMENT OR STUDENT STATUS:

Employed: ☐ YES ☐ NO Student: ☐ YES ☐ NO Work/Student Status: ☐ FULL TIME ☐ PART TIME

Net Pay (Take-Home): _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

Employer/School Name: _____ Employer/School Phone: _____

Employer's Address: _____

If self-employed, indicate and describe the nature of employment:

_____

OTHER INCOME

Do you receive income from (check all that apply):

☐ Unemployment ☐ Private Disability or SSD ☐ Pensions ☐ Retirement ☐ Real Estate

NET Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

☐ Other income (explain): _____

NET Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly

ASSETS

List estimated total amount currently in your Savings Account $ _____ and Checking Account $ _____

List value of all stocks and bonds in your name: $ _____

List all real estate you own, including a camp or second home, etc. (NOT your primary residence):

_____

Current Market Value (estimate): $ _____ Amount owed: $ _____

List any additional vehicles you own, including ATV, Motorcycle, Snowmobile, Boat, Camper (NOT your primary vehicle):

_____

Current Market Value (estimate): $ _____ Amount owed: $ _____

MONTHLY LIVING EXPENSES

Food: $ _____ Utilities: $ _____ Rent or Mortgage Payments: $_____

Auto Payment: $ _____ Auto Insurance: $ _____ Transportation Expense: $_____

Child Care: $ _____ Alimony Paid Out: $ _____ Child Support Paid Out: $ _____

Medications: $ _____ Medical Bills/Debt: $ _____ Health Insurance: $_____

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:

1. _____
2. _____
3. _____

By signing this, you are authorizing the Office of Indigent Defense to verify the facts on your application and authorizing any agency or third party to release information about you to the Office of Indigent Defense and the Court for the purpose of determining eligibility.

_____ _____

Signature Date

St. Lawrence County Office of Indigent Defense
48 Court Street, Canton, N.Y. 13617
Phone: (315) 379-2401 Fax: (315) 379-0401

AFFIDAVIT OF FINANCIAL CIRCUMSTANCES

(Complete ONLY if you DO NOT HAVE AN INCOME and you are NOT RECEIVING PUBLIC BENEFITS.)

I, _____, reside at _____.

I am submitting an Application for Attorney Services to the St. Lawrence County Office of Indigent Defense.

I am requesting attorney representation for a ☐ CRIMINAL COURT ☐ FAMILY COURT proceeding.

I currently do not have an income and I am not receiving public benefits.

I am receiving support from the following individual(s):

Name: _____ Relationship to Applicant: _____

☐ Food ☐ Shelter ☐ Transportation ☐ Money ☐ Other _____

Name: _____ Relationship to Applicant: _____

☐ Food ☐ Shelter ☐ Transportation ☐ Money ☐ Other _____

Explain how you are maintaining basic needs and living expenses:

_____

_____

_____

_____

_____

IF THERE IS A CHANGE IN YOUR FINANCIAL CIRCUMSTANCES, you are required to report this change to the attorney assigned to represent you immediately. If the change in your circumstances makes you financially able to obtain counsel, the court may terminate the assignment of counsel.

By signing this affidavit you are authorizing the Office of Indigent Defense to verify the facts in this affidavit for the purpose of determining eligibility.

State of _____}
County of _____ } ss.

_____ _____
Signature of Applicant Date

Sworn to before me on this ____ day

of _____, 20_____.

_____
Notary Signature