

**APPLICATION FOR GREENE COUNTY PUBLIC DEFENDER' OFFICE**

ANGELO F. SCATURRO, ESQ.  
GREENE COUNTY PUBLIC DEFENDER  
411 Main Street  
Catskill, New York 12414  
(518)719-3220 (Telephone) (518)719-3785 (Facsimile)

Date \_\_\_\_\_

Name of Court \_\_\_\_\_ Court Date \_\_\_\_\_

Charges/Matter \_\_\_\_\_ Co-Defendants/Respondent \_\_\_\_\_

**Personal Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status \_\_\_\_\_ Place of Birth \_\_\_\_\_ Are you a U.S. Citizen \_\_\_\_\_

If not a citizen, state your status in the US \_\_\_\_\_ Country of Birth \_\_\_\_\_

Number and ages of children living w/you \_\_\_\_\_

Please specify number of children and ages of children living with you that are your children or you have legal custody of or guardianship of \_\_\_\_\_

Education \_\_\_\_\_ Are you or were you in the Military Service \_\_\_\_\_

If the answer to Military Service above is yes please state: date of service \_\_\_\_\_ branch \_\_\_\_\_  
type of discharge \_\_\_\_\_

If you are under the age of 21 and not emancipated, this form must be completed with your parents financial information

**Income:**

Name/Address of employer \_\_\_\_\_

Type of work \_\_\_\_\_ Weekly Gross pay \$ \_\_\_\_\_

Weekly Net or take home pay \$ \_\_\_\_\_

Public Assistance monthly income \$ \_\_\_\_\_ SSI/SSD monthly income \$ \_\_\_\_\_

Workers comp. income \$ \_\_\_\_\_ Private disability monthly income \$ \_\_\_\_\_

All other income \_\_\_\_\_

If you show no income above, please explain your means of support: \_\_\_\_\_

Do you have any lawsuits currently pending of any kind: \_\_\_yes\_\_\_no, if yes please explain: \_\_\_\_\_

Do you receive or do you expect to receive any monetary payments as a result of any claims or as the result of any bequest or inheritance: \_\_\_yes\_\_\_no if yes, please explain \_\_\_\_\_

**Household Income**

Marital Status: \_\_\_Married\_\_\_Single\_\_\_Separated\_\_\_Divorced\_\_\_Other

Is your spouse(partner) employed or self employed: \_\_\_Yes\_\_\_No, If yes, please state spouse/partner's employer or self employment: \_\_\_\_\_

Address \_\_\_\_\_

Spouses Income:\$ \_\_\_\_\_ per year \$ \_\_\_\_\_ per hour\$ \_\_\_\_\_ per week\$ \_\_\_\_\_

Income of members of household:\$ \_\_\_\_\_ per year \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week

Please check if you, your spouse or your dependents receive:

\_\_\_public assistance amount \_\_\_\_\_/month or week

\_\_\_unemployment Ins amount \_\_\_\_\_/month or week

\_\_\_social security disability amount \_\_\_\_\_/month or week

\_\_\_social security amount \_\_\_\_\_/month or week

\_\_\_child support amount \_\_\_\_\_/month or week

\_\_\_pension amount \_\_\_\_\_/month or week

\_\_\_alimony amount \_\_\_\_\_/month or week

List source and amount of any other income not included above: \_\_\_\_\_

**Assets:**

List all savings/checking accounts, providing the location (which bank) and average monthly balance: \_\_\_\_\_

List all bank accounts, credit union accounts and trust funds in your name or jointly with others stating the location and the average monthly balance: \_\_\_\_\_

balance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have cash on hand: \_\_\_yes\_\_\_no If yes, please state the amount: \_\_\_\_\_

List all real estate owned by you, you and your spouse/partner or owned by you and another: \_\_\_\_\_

purchase price: \_\_\_\_\_ current market value: \_\_\_\_\_

outstanding mortgage: \_\_\_\_\_

List all real businesses owned by you, you and your spouse/partner or you and another: \_\_\_\_\_

purchase price \_\_\_\_\_ current market value: \_\_\_\_\_

List any assets and value of those assets not covered above: \_\_\_\_\_

Do you own a mobile home or motor home: \_\_\_yes\_\_\_no If yes, what was the purchase price \$ \_\_\_\_\_

What is the current value \$ \_\_\_\_\_

Do you own a vehicle \_\_\_yes\_\_\_no If yes, state the year, make and model \_\_\_\_\_

state the purchase price:\$ \_\_\_\_\_ state the market value;& \_\_\_\_\_

Does your spouse own a vehicle \_\_\_yes\_\_\_no If yes, state the year, make and model: \_\_\_\_\_

state the purchase price:\$ \_\_\_\_\_ state the market value:\$ \_\_\_\_\_

Do you own a ATV's/Motorcycles/Snowmobile: \_\_\_yes\_\_\_no If yes, state the year, make and model \_\_\_\_\_

State the purchase price:\$ \_\_\_\_\_ state the market value:\$ \_\_\_\_\_

**Debts: Please specify the following expenses you incur on a monthly basis.**

Mortgage \$	Rent \$	Telephone \$
Food \$	Cable \$	Garbage \$
Utilities \$	Auto Payments \$	Credit Cards \$
Water \$	Car Insurance \$	Loans \$
Property Taxes \$	Home Fuel \$	Other \$

Do you share the payment of these expenses with anyone else in your household? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please state with whom \_\_\_\_\_ and explain \_\_\_\_\_

**PLEASE TELL THE INVESTIGATOR IF YOU SUFFER FROM ANY MENTAL DISABILITIES AND/OR IF YOU HAVE ANY PAST CRIMINAL HISTORY.**

**Previous Criminal Record:**

Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_

**Parents/Other contacts:**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to speak with any of the above: \_\_\_\_yes \_\_\_\_no. Please list any individuals you authorize members of the public defender's office to speak with concerning your case \_\_\_\_\_

**IF THE PUBLIC DEFENDER IS ASSIGNED TO YOUR CASE, YOU MUST IMMEDIATELY NOTIFY THE PUBLIC DEFENDER'S OFFICE IN THE EVENT OF ANY CHANGE IN EMPLOYMENT OR FINANCIAL STATUS. THE PUBLIC DEFENDER RESERVES THE RIGHT TO MAKE APPLICATION PURSUANT TO THE APPLICABLE COUNTY LAW FOR PAYMENT OF LEGAL FEES, REIMBURSEMENT OF THE EXPENSE OF REPRESENTATION AND/OR TERMINATION OF REPRESENTATION IN THE EVENT OF A CHANGE IN CIRCUMSTANCES. \_\_\_\_\_ Initial here**

I hereby swear, under penalty of perjury, that the answers given are true and correct. I authorize release of information to the Greene County Public Defender's Office, the Court, the County of Greene, or their designated agents. I understand that this information may be investigated and that the information provided may be used to obtain payment of any fees ordered paid by me, or on my behalf, for representation. \_\_\_\_\_ Initial here

**I HEREBY AUTHORIZE AND UNDERSTAND THAT MY CREDIT REPORT/MOTOR VEHICLE RECORDS, ETC. MAY BE OBTAINED TO VERIFY THE TRUTH OF MY FINANCIAL DISCLOSURE. \_\_\_\_\_ Initial here**

Intentionally giving false information on this application constitutes a crime. Any evidence of an intentional misstatement regarding applicant's financial eligibility will be presented to the authorities and may be prosecuted accordingly. \_\_\_\_\_ Initial here

I understand that if I were to file a new petition or receive a new petition or receive another criminal charge, I **must** reapply to the public defender's office for each new petition/charge in order to be represented on that new petition or charge. \_\_\_\_\_ Initial here

I have read and understand the above notice.

Sworn to before me this

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Print Name Signed