

**CONFIDENTIAL**

State of New York - County of Greene  
Application for Assignment of Counsel under County Law, Article 18-B

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

**PART I**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Are/Were you in the military: \_\_\_\_\_ Which branch \_\_\_\_\_  
Type of Discharge \_\_\_\_\_  
Are you a US Citizen: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Email: \_\_\_\_\_  
Number of financial dependents in household: \_\_\_\_\_  
State prior arrests/convictions \_\_\_\_\_  
\_\_\_\_\_

**CURRENT CASE INFORMATION**

Arrest Date: \_\_\_\_\_ Arraignment Date: \_\_\_\_\_  
Docket No. (if available): \_\_\_\_\_  
Name of Court: \_\_\_\_\_  
Judge: \_\_\_\_\_  
Charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Co-Defendants (If any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Next Scheduled Court Date: \_\_\_\_\_

**EMPLOYMENT**

Occupation (if a student, indicate the school attending; if self-employed, indicate and describe the nature of employment):  
\_\_\_\_\_  
\_\_\_\_\_  
Name and address of Current Employer:  
\_\_\_\_\_  
\_\_\_\_\_  
Amount of Net (Take-Home) Pay: \$ \_\_\_\_\_ per  Year  Month  Bi-weekly  Weekly

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

**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) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**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):  
\_\_\_\_\_

**ASSETS**

List estimated total amount currently in applicant's bank accounts (savings and checking): \_\_\_\_\_

List all real estate applicant owns (see Instructions for primary residence exception): \_\_\_\_\_  
\_\_\_\_\_

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 Payments: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Transportation/Auto Expenses (Including Payments & Insurance): \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_ Child Support Paid Out: \$ \_\_\_\_\_ Alimony 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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Court or Screener**

**AMOUNT NEEDED FOR BAIL**

Bail has been set: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, indicate the amount: \_\_\_\_\_

**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