

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

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Greene County Public Defender  
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Today's Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Charges/Matter \_\_\_\_\_ Co-Defendant/Respondent: \_\_\_\_\_

**Personal Information:**

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

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

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

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

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other \_\_\_.

Place of Birth \_\_\_\_\_ Are you a U.S. Citizen? Y\_\_\_ or N\_\_\_

If no, state your status in the U.S. \_\_\_\_\_

How many dependent children live with you under the age of 18 (include your own biological children and children who are under your legal custody or guardianship)? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Have you ever served in the Military? Y\_\_\_ or N\_\_\_ If yes, 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 parent's financial information. \*\*\*\*\*

**Income:**

Are you currently employed? Y\_\_\_ or N\_\_\_ If yes, nature of work \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Gross income:	\$ _____ / week	Net income:	\$ _____ / week
Public Assistance:	\$ _____ / month	SSI/SSD:	\$ _____ / month
Workers Comp:	\$ _____ / month	Private Disability:	\$ _____ / month
All other income:	\$ _____ / month	Describe:	_____

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

Do you have any lawsuits of any kind currently pending? Y\_\_\_ No\_\_\_.

If yes, please explain: \_\_\_\_\_

**Household Income:**

If married or living with someone, is your spouse/partner employed? Y\_\_\_N\_\_\_.

If yes, name spouse/partner's employer and address \_\_\_\_\_

**Spouse/Partner's:**

Gross income:	\$ _____ / week	Net income:	\$ _____ / week
Public Assistance:	\$ _____ / month	SSI/SSD:	\$ _____ / month
Workers Comp:	\$ _____ / month	Private Disability:	\$ _____ / month
All other income:	\$ _____ / month	Describe:	_____

Other household member's income \$ \_\_\_\_\_ /week

**Assets:**

List any bank accounts (savings, checking or other), credit union accounts or trust funds:

Institution Name: \_\_\_\_\_ Average monthly balance: \$ \_\_\_\_\_

Cash on hand: Y\_\_\_ N\_\_\_ If yes, amount: \$ \_\_\_\_\_

List all real estate owned solely by you or jointly with another: \_\_\_\_\_

purchase price \$ \_\_\_\_\_ current market value \$ \_\_\_\_\_ outstanding mortgage \$ \_\_\_\_\_

List all real businesses owned solely by you or jointly with another: \_\_\_\_\_

purchase price \$ \_\_\_\_\_ current market value \$ \_\_\_\_\_ outstanding mortgage \$ \_\_\_\_\_

Do you own a mobile or motor home? Y\_\_\_ N\_\_\_ If yes, what was the purchase price? \$ \_\_\_\_\_. What is the current market value \$ \_\_\_\_\_

Do you own an ATV/Motorcycle/Snowmobile? Y\_\_\_N\_\_\_ If yes, state the year, make and model: \_\_\_\_\_ purchase price \$ \_\_\_\_\_ current market value \$ \_\_\_\_\_

Do you own a vehicle? Y\_\_\_ N\_\_\_ If yes, state the year, make and model: \_\_\_\_\_ purchase price \$ \_\_\_\_\_ current market value \$ \_\_\_\_\_

Does anyone else in your household own a vehicle? Y\_\_\_ N\_\_\_ If yes, state the year, make and model: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_ Current market value \$ \_\_\_\_\_

List the value and description of any assets not listed above:

\_\_\_\_\_

\_\_\_\_\_

**Debts:** Please list the following monthly expenses as they apply to you:

Rent/Mortgage	\$ _____/month	Vehicle Insurance	\$ _____/month
Telephone	\$ _____/month	Auto Payment	\$ _____/month
Cable	\$ _____/month	Credit Card Payments	\$ _____/month
Food	\$ _____/month	Loan Payments	\$ _____/month
Gas/Electric	\$ _____/month	Property Taxes	\$ _____/month
Water	\$ _____/month	Home Fuel	\$ _____/month
Garbage	\$ _____/month	Other: _____	\$ _____/month

Do you share any of these expenses with anyone else in your household? Y\_\_ N\_\_ If yes, please explain \_\_\_\_\_

**Previous Criminal Record:**

Conviction: \_\_\_\_\_ Court: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please tell the investigator if you suffer from any mental disabilities. \*\*\***

**Contact Information:**

List your parents or other contacts below:

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do we have permission to speak to any of the above about your legal matters? Y\_\_ N\_\_

Please list any other individuals you authorize the Public Defender's Office to speak with concerning your legal matters: \_\_\_\_\_

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Please read the following statements and indicate that you have read and understood them by initially next to each.

**❖ IF THE PUBLIC DEFENDER IS ASSIGNED TO YOUR CASE, YOU MUST IMMEDIATELY NOTIFY THIS 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 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.

Dated: \_\_\_\_\_

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

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

\*\*\*\*\*

**Permission to Destroy Case Records**

By signing below, I \_\_\_\_\_, a client of the Greene County Public Defender's  
(Print name)

Office, instruct said office to dispose of my file by destroying and/or shredding the files(s) six (6) years subsequent to final disposition of my pending matters.

Dated: \_\_\_\_\_

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