

**Washington County Public Defender/Assigned Counsel:  
Application for Counsel**

**Complete the attached packet and return “In Person” to:**

Washington County Assigned Counsel Office  
Washington County Court House  
Building C – Basement  
383 Broadway  
Fort Edward, New York 12828  
Phone: (518)-746-2403  
Fax: (518)-746-2406

**Applications will be accepted from:  
9:00 a.m. to Noon and 1:00 p.m. to 3:00 p.m. (Mon. – Thurs.)**

**ALL INFORMATION MUST BE PROVIDED OR YOUR  
APPLICATION WILL NOT BE ACCEPTED.**

**PLEASE BRING THE FOLLOWING:**

- 1. **Identification** (Driver’s license, DMV I.D., Social Security card, Military I.D, Learner’s Permit, Medicaid Card, Passport, Green Card, Voter Registration Card, any Government issued I.D. card)
- 2. **Charges**, Complaints, Summonses, Tickets, Supporting Depositions, Statements, Petitions
- 3. **Proof of income for all household members:**  
(Paystubs, Most Recent Tax Return, Disability, Social Security, Workers’ Comp., Unemployment, Social Services, Child Support/Alimony, Pension Benefits, Retirement Benefits)

If you have no proof of income, what is your present means of support? If you reside in someone else’s home you must provide a notarized statement from that person explaining your current living situation.

Date Received: \_\_\_\_\_

# Application for Assigned Counsel:

Court: Village or Town (Circle One)

of \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Charges/Matter: \_\_\_\_\_

\*\*If under 21 years of age and not emancipated, **both** you and your parents' financial information must be submitted with this form.

## Contact Information:

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

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

Telephone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (other) \_\_\_\_\_

Marital Status (circle one): Single/ Married/ Separated/ Divorced/ Widowed

Were you born in the United States? Yes or No

On Probation? Yes or No (Circle One) If yes, Probation Officer: \_\_\_\_\_

## List All Dependents and/or Persons Living in Household and Relationship:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

## Monthly Expenses:

Rent or Mortgage	\$ _____	Car Insurance	\$ _____
Prop/School Taxes	\$ _____	Auto Payment	\$ _____
Utilities	\$ _____	Life Ins.	\$ _____
Water	\$ _____	Transportation	\$ _____
Cable	\$ _____	Laundry/Dry Cleaning	\$ _____
Food and Groceries	\$ _____	Babysitting	\$ _____
Telephone	\$ _____	Medical Ins.	\$ _____
Child Support	\$ _____	Garbage	\$ _____
Dental Ins.	\$ _____	Prescription Drugs	\$ _____
Miscellaneous	\$ _____		

**Applicant Employment Information:**

Employer or Business: \_\_\_\_\_

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

Gross Income \$ \_\_\_\_\_

Net Income \$ \_\_\_\_\_

Weekly or Biweekly (circle)

**Employment Information:**

Contact Person: \_\_\_\_\_

Telephone No. of Employer: \_\_\_\_\_

Date Employment Started: \_\_\_\_\_

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**If You Are Unemployed:**

Last day of work: \_\_\_\_\_

Name of last employer: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Are you or will you be applying for unemployment benefits?

Yes or No (Circle One) If no why? \_\_\_\_\_

If you have no source of income, please explain how you are supporting yourself.

\_\_\_\_\_  
\_\_\_\_\_

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**Do You Receive Child Support?** If Yes: \$ \_\_\_\_\_ Weekly/ Monthly (circle one)

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**Other Income:** (List source of income for example: Welfare, income of other members of the family).

Name: \_\_\_\_\_ Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

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**Assets:**

Real Property: (Describe) \_\_\_\_\_ Value: \$ \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_ Value: \$ \_\_\_\_\_

Savings and/or Checking Accounts: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

List name of Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Automobiles (Year and Make) \_\_\_\_\_ Value \$ \_\_\_\_\_

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**Creditors:**

Amount Due

Payment

Weekly Monthly

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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**Please Note:** If you are applying for assigned counsel and eligible to receive same in this type of proceeding and you are untruthful regarding any relevant information or should your financial circumstances change after you are assigned, you may be held for all or part of the legal fees for representing you.

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, \_\_\_\_\_.

Sign: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public