

FILE NO. _____

Matter Type (circle): Custody/Visitation/Family Offense/Neglect/Paternity/Support

Applying: Mother/Father/Other _____ has custody by Order dated _____

Scheduled for: Date: _____ Time: _____

APPLICATION FOR ASSIGNED COUNSEL

WASHINGTON COUNTY ASSIGNED COUNSEL OFFICE
BUILDING C - BASEMENT
383 BROADWAY
FORT EDWARD, NEW YORK 12828
(518) 746-2403

IMPORTANT: This form must be completed, signed and notarized and returned to the Assigned Counsel Office in person Monday through Friday from 9:00 a.m. to 3:00 p.m. with the following information:

YOU MUST SUBMIT A COPY OF (1) YOUR I.D. AND (2) 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) TO (3) COPY OF SUMMONS OR ORDER TO SHOW CAUSE.

IF YOU HAVE NO PROOF OF INCOME, STATE 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.

Name _____ Marital Status _____
Address _____ Date of Separation _____
_____ Date of Divorce _____
Social Security No. _____
Date of Birth _____ Born in the U.S.? _____
Your Phone No. (home) _____ (cell) _____

LIST ALL MEMBERS WHO RESIDE WITH YOU

Name (full name)	Address	Date of Birth	Relationship
------------------	---------	---------------	--------------

MONTHLY EXPENSES FOR HOUSEHOLD

EMPLOYMENT

Rent or Mortgage	\$ _____	Name of Employer: _____
Taxes	\$ _____	Address of Employer: _____
Utilities: Heat	\$ _____	Date Employment Commenced: _____
Gas	\$ _____	Weekly/biweekly (circle) income: Gross: _____ Net: _____
Electric	\$ _____	
Telephone	\$ _____	
Groceries	\$ _____	
Drugs	\$ _____	Deductions: Federal W/H _____ State W/H _____ Soc. Sec. _____ Other _____
Lunches	\$ _____	
Medical	\$ _____	
Dental	\$ _____	
Clothing	\$ _____	Number of Dependents claimed: _____
Insurance: Auto	\$ _____	
Health	\$ _____	IF UNEMPLOYED: Last day of work _____ Name of last employer _____ Applying for unemployment benefits? _____ If no, why? _____ If you have no source of income, explain how you are supporting yourself.
Life	\$ _____	
Auto loan:	\$ _____	
Transportation	\$ _____	
Laundry/Dry Cleaning	\$ _____	
Babysitting	\$ _____	
Contributions	\$ _____	
Recreation	\$ _____	
Support Order	\$ _____	
Miscellaneous	\$ _____	

TOTAL LIVING EXPENSES: \$ _____

CONTINUE ON REVERSE SIDE

OTHER INCOME: (List source of income for example: **Welfare, Food Stamps, child support, alimony, INCOME OF OTHER MEMBERS OF HOUSEHOLD**)

Source

Amount

TOTAL OTHER INCOME \$

ASSETS

Real Property: \$
Stocks/bonds: \$
Savings Accounts: (List name of bank and amount in each account)
----- \$
----- \$
----- \$
Checking Accounts: (List name of bank and amount in each account)
----- \$
----- \$
----- \$
Automobile: (Year and Make)

Other:

TOTAL ASSETS:
\$ -----

CREDITORS AMOUNT DUE PAYMENT
(Week) (Month)

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 COUNSEL, YOU MAY BE HELD LIABLE FOR ALL OR PART OF THE LEGAL FEES FOR REPRESENTING YOU.

(Sign): -----

Sworn to before me this _____
day of _____, 20____

NOTARY PUBLIC

APPROVED BY _____

NOT APPROVED BY _____