

**APPLICATION FOR PUBLIC DEFENDER/ASSIGNED
COUNSEL REPRESENTATION**

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

There are four (4) different ways to apply for assigned counsel. You may:

- 1) Apply in person by visiting the Assigned Counsel Office anytime between 9:00 am and 3:00 pm, Monday thru Friday
- 2) Fax the completed application to the Assigned Counsel Office at (518) 746-2406
- 3) Mail the completed application to the address above
- 4) On the third Tuesday of each month, from 8:30 am to 10:30 am, apply in person at the Whitehall Town or Village Court, located at:

57 Skenesborough Drive
Whitehall, NY 12887

Along with your Application, you are encouraged to provide the following information to assist us in determining your eligibility for assignment of counsel:

- Charges, Complaints, Summonses, Tickets, Supporting Depositions and/or statements
- Identification: (Driver's license, DMV I.D., Social Security card, Military I.D., Learner's Permit, Medicaid Card, Passport, Green Card or Government- issued I.D.)

PART I

Please return application to:

Washington County Assigned Counsel Office

383 Broadway, Building C - Basement

Fort Edward, New York 1282

Phone: (518)-746-2403, Fax: (518)-746-2406

CONFIDENTIAL

State of New York, County Of Washington

Application for Assigned Counsel under County Law, Article 18-B

Date: _____

Screened by: _____

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Social Security # _____

Home Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Number of financial dependents in household: _____

CURRENT CASE INFORMATION

Arrest Date: _____ Arraignment Date: _____

Docket No. (if available): _____

Name of Court: _____

Judge: _____

Charges: _____

Co-Defendants (If any): _____

Next Scheduled Court Date: _____

Represented at arraignment? Yes No

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

Signature: _____ Date: _____

Applicant: Stop here. Await further instructions.



Instructions for Court/Screener: Is Applicant presumptively eligible for assigned counsel?

____ Yes ____ No

CONFIDENTIAL

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):

- 1. _____
- 2. _____

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 average 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, income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above? _____ Yes _____ No

ELIGIBILITY

Is the applicant eligible for assigned counsel? _____ Yes _____ No

If answering no, state why:

