

CONFIDENTIAL
STATE OF NEW YORK – COUNTY OF WASHINGTON
APPLICATION FOR COUNSEL CRIMINAL/FAMILY COURT - PART I

Please return application to:
 Washington County Assigned Counsel Office
 383 Broadway, Building C – Basement
 Fort Edward, New York 12828
 Phone: (518)-746-2403, Fax: (518)-746-2406
 assignedcounsel@washingtoncountyny.gov

APPLICANT INFORMATION

Full Name:

Date of birth:	SSN:	Home Phone: Cell Phone:
Current address:		Email Address:
City:	State:	ZIP Code:
Marital Status:	Were you born in the US?	___ Yes ___ No
Number of Financial Dependents in Household (list all, including minors, elderly or disabled):		

CURRENT CASE INFORMATION

CRIMINAL CHARGES:

Court:	Judge:	Arrest Date:	Arraignment Date:
Charges:			Next Court Date:
Alleged Co-Defendant(s):	Alleged Witness(es):	Alleged Victim(s):	
Family Court:			
Court: Washington County	Judge:	Next Court Date:	
Matter:			
Other Parties:	Witness(es)		

EMPLOYMENT INFORMATION

Occupation (if student, indicate the school attending; if self-employed, describe what type of work you do):

Current Employer - Name and Address:

Net Pay (Take Home): \$ _____ per (circle one) week / bi-weekly / month / year

OTHER CIRCUMSTANCES

1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility? ___ Yes ___ No
2. Is applicant currently receiving, deemed eligible or pending receipt of need-based PA? ___ Yes ___ No
3. Has applicant been deemed eligible for assigned counsel in the past six (6) months? ___ Yes ___ No

SIGNATURE OF APPLICANT

Signature of applicant: _____ Date: _____

**APPLICANT STOP HERE: IF FURTHER INFORMATION IS NEEDED, THE
 SCREENER WILL ASSIST YOU WITH PART II**

CONFIDENTIAL APPLICATION FOR COUNSEL – PART II

OTHER INCOME (DOCUMENTATION MAY BE REQUIRED)

Do you receive a pension, annuity or retirement payments? ____ Yes ____ No If yes, list amount: \$ _____

Do you currently receive income from owned real estate? ____ Yes ____ No If yes, list amount: \$ _____

List other sources of income you receive (do not include child support or public assistance):

1.

2.

ASSETS (BANK STATEMENT/DOCUMENTATION MAY BE REQUIRED)

List amount in the following bank accounts: Checking \$ _____ Savings \$ _____

Do you own real estate? ____ Yes ____ No If yes, list/estimate market value and amount owed for each property below:

1. Primary Residence Exception (apply here): Market Value \$ _____ Amount Owed \$ _____

2.

3.

List any vehicles owned **not necessary** for basic life activities: (For example – Cars, Boats, RV's, ATV's, Snowmobiles, Motorcycles)

1. Vehicles : Market Value \$ _____ Amount Owed \$ _____

2. Market Value \$ _____ Amount Owed \$ _____

3. Market Value \$ _____ Amount Owed \$ _____

List value of Stocks and Bonds:

1. Estimate Market Value \$ _____ Amount Owed \$ _____

2. Estimate Market Value \$ _____ Amount Owed \$ _____

MONTHLY LIVING EXPENSES (DOCUMENTATION MAY BE REQUIRED)

Food: \$ _____ Rent/Mortgage: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses: Payment \$ _____ Insurance \$ _____

Child Care: \$ _____ Child Support Paid Out: \$ _____ Alimony/Maintenance Paid Out: \$ _____

Medical Expenses: Health Ins.: \$ _____ Co-Pays: \$ _____ Medication: \$ _____ Debts: \$ _____

List other expenses. Include employment-related expenses, school loans/fees, minimum monthly credit card payments, unreimbursed medical expenses, expenses related to age or disability:

1.

2.

3.

SIGNATURE OF APPLICANT

Signed: _____
(Applicant)

Date: _____

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Fax: (518) 746-2406
Email: assignedcounsel@washingtoncountyny.gov

Due to the Covid Virus, you may:

- 1). Apply in person by visiting the Assigned Counsel Office anytime between
(By Appointment Only)
- 2). Fax the completed application to the Assigned Counsel Office at: (518)-746-2406
- 3). Email application to assignedcounsel@washingtoncountyny.gov
- 4). Mail the completed application to the address above
- 5). Satellite Offices are **Temporarily Suspended**

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

- Family Court Summons or Petitions (you may obtain a copy from the court)
- 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.)

Applicants may contact our office at assignedcounsel@washingtoncountyny.gov for requests to be contacted and any questions regarding applications.