



Application for Assigned Counsel Program

Chenango County Assigned Counsel Office

The Eaton Center • 26 Conkey Ave • 2nd Floor
Norwich, N.Y. 13815

Phone: (607) 337-2401 Fax: (607) 337-1489

Email: assignedcounsel@co.chenango.ny.us

Court: _____

Nxt Court Date/Time: _____

Arr Date: _____

FBR SMD MJG SAH PJF

CAFA

App Ticket



OHA

Criminal (Number of each) _____ Misdemeanors **OR** **Family Court** Petitioner Respondent

CHARGES:

- _____ Felonies
- _____ Violations
- _____ Probation Violations
- _____ Parole Violations

Co-defendants/Victims (List below)

- _____ Custody/Visitation/Neglect/Abuse
- _____ Support Initial/Mod Violation
- _____ Other (specify) _____

Are you the PARENT or legal guardian of the children involved in this petition: Yes No

Atty for Child _____

Docket # _____ FF# _____

Adverse Party _____

PERSONAL INFORMATION

Male Female

Applicant's Name _____ Phone#: _____

Applicant's Address _____ State _____ Zip Code _____

Applicant's Mailing Address _____ State _____ Zip Code _____

Social Security Number _____ DOB _____ Age _____

Marital Status Single Married Separated Divorced Spouse's Name _____

Maiden Name/other name used _____ Are you a Veteran? _____ Are you a U.S. Citizen? _____

Cell Phone#: _____ Email: _____

FINANCIAL INFORMATION SUPPORTING DOCUMENTATION REQUIRED

Are you presently employed? Yes No If yes, place of employment _____

Gross weekly salary: _____ How long have you worked here _____ Annual Salary _____

Checking Account balance \$ _____ At Bank _____

Savings Account balance \$ _____ At Bank _____

Do you receive DSS assistance? Yes No If yes, Medicaid/Food Stamp number: _____

Do you receive unemployment? Yes No If yes, how much per week: _____

Do you receive social security? Yes No If yes, how much per month: _____

Do you own a vehicle? Yes No Year, make and amount owed: _____

Do you own a home? Yes No Purchase price, year purchased, balance: _____

List any other assets snowmobiles and other property you own: _____

List any other miscellaneous income you may have (stocks, bonds, inheritances): _____

If you reside with your spouse, are they employed? Yes No Weekly earnings: _____

Total number of people residing in your household and their relationship to you: _____

THIS OFFICE MUST BE NOTIFIED IMMEDIATELY IF YOUR EMPLOYMENT STATUS OR INCOME CHANGES.

I hereby affirm, under penalties of perjury, that the information contained herein is true and correct. I authorize release of information provided herein to the Chenango County Public Defender's Office, the Court, the County of Chenango, 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. **INTENTIONALLY GIVING FALSE INFORMATION ON THIS APPLICATION CONSTITUTES PERJURY. ANY EVIDENCE OF AN INTENTIONAL MISSTATEMENT REGARDING APPLICANT'S FINANCIAL ELIGIBILITY WILL BE PRESENTED TO THE DISTRICT ATTORNEY AND PROSECUTED ACCORDINGLY.**

I have read and understand the above notice:

Signature of Applicant

Date