



Application for Public Defender Program

Chenango County Public Defender's Office

County Office Building • 26 Conkey Ave. • 2nd Floor

Box 233 • Norwich, N.Y. 13815

Phone: (607) 337-1870 Fax: (607) 337-1489

Email: publicdefender@co.chenango.ny.us

Court: _____

Court Date: _____

Court Time: _____

Criminal (Number of each) _____

Misdemeanors

Felonies

Violations

Probation Violations

Parole Violations

Co-defendants (List below)

NOTES:

OR

Family Court

Petitioner Respondent

_____ Neglect/Abuse

_____ Support Initial/Mod Violation

_____ Custody/Visitation

_____ Paternity

_____ Other (specify) _____

CHARGES:

Law Guardian _____

Docket # _____ **FF#** _____

Adverse Party _____

PERSONAL INFORMATION

Applicant's Name _____

Applicant's Address _____

Applicant's Mailing Address _____

Social Security Number _____ DOB _____

Marital Status Single Married Separated Divorced Spouse's Name _____

Maiden Name or any other name used _____

Male Female

Phone#: _____

State _____ Zip Code _____

State _____ Zip Code _____

Age _____

FINANCIAL INFORMATION

Are you self-employed? Yes No If yes, nature of business: _____

Business Address: _____ Business Phone: _____ Earnings last 12 months: _____

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

Gross weekly salary: _____ Earnings to date: _____ How long have you worked here? _____

Checking Account balance\$ _____ At Bank _____

Savings Account balance\$ _____ At Bank _____

Do you receive public assistance? ... Yes No **If yes, public assistance 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, including motorcycles, 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 Place of employment: _____ Weekly earnings: _____

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

If under the age of 21, and living with your parents, this section MUST BE FILLED OUT:

Parent(s) Name: _____ Address: _____

Parent(s) Phone: _____ Parent(s) Income: _____ Place of employment: _____

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