

**ALLEGANY COUNTY
APPLICATION FOR ASSIGNED COUNSEL -CRIMINAL COURT**

(Revised – October 2016)

DATE: _____ SCREENED BY: _____

A.

NAME: _____ FORMER SURNAMES/OTHER NAMES USED: _____

MAILING ADDRESS: _____ DATE OF BIRTH: _____

_____ CELL PHONE: _____

NUMBER OF FINANCIAL DEPENDENTS IN HOUSEHOLD : _____ ALTERNATE NUMBER(S): _____

_____ EMAIL ADDRESS: _____

B. Current Case Information To be Completed by Arraigning Justice

| | |
|--|---|
| <p>Arrest Date: _____ Arraignment Date: _____</p> <p>Arraigning Court: _____</p> <p>Judge: _____</p> <p>Charges: _____</p> <p>_____</p> <p>_____</p> <p>Co-Defendants (if any): _____</p> <p>_____</p> <p>Next Court Date: _____ Time: _____</p> <p>Court: _____</p> | <p>Defendant's Current Status:</p> <p>_____ ROR</p> <p>_____ Jail Bail: \$ _____ /\$ _____</p> <p align="center">Cash Bond</p> <p>_____ Compliance with Rule 22 NYCRR 200.26(d)</p> <p>_____ Defendant Provided with Copies</p> <p>_____ Defendant Provided with Attorney Name/Number</p> <p>_____ Public Defender Notified</p> <p>_____ Public Defender Provided with Copies</p> |
|--|---|

C. Employment Other Circumstances

| | |
|--|---|
| <p>Occupation (if student, indicate the school attending): _____</p> <p>Name and Address of Current Employer: _____</p> <p>If Self-Employed, Describe Nature of Employment: _____</p> <p>Amount of Net (Take-Home) Pay: \$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Week</p> | <p>Is the applicant currently incarcerated, detained, or confined to a mental health facility? ___ Yes ___ No</p> <p>Is the applicant currently receiving need-based Public Assistance (or recently been deemed eligible, pending receipt)? ___ Yes ___ No</p> <p>Within the past six months, has the applicant been found eligible for assigned counsel in another case? ___ Yes ___ No</p> <p>Has the applicant been represented by an attorney in the past? _____ If yes, who?</p> |
|--|---|

Instructions for Screener: Using the FPG Income Chart, is the applicant's income at or below 250% FPG? Yes No

Applicant Signature: _____ **Date:** _____



Applicant: STOP here. Await further instructions.

Instructions for Screener: Is Applicant presumptively eligible for assigned counsel? ___ Yes ___ No
If Yes, counsel will be assigned. If No, proceed to the back of the application.

PLEASE EMAIL TO GoldsmSM@alleganyco.com or OwenJM@alleganyco.com

TO BE COMPLETED ONLY IF APPLICANT IS NOT PRESUMPTIVELY ELIGIBLE

OTHER INCOME

Does the applicant receive pension, annuity or retirement payments? ____ Yes ____ No

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: Current Market Value (estimate): _____ Amount Owed: _____

List any vehicles applicant owns not necessarily used for basic life activities: _____

_____ Current Market Value (estimate): _____ Amount Owed: _____

List value of all stocks or bonds in applicant's name (other than retirement account): _____

MONTHLY LIVING EXPENSES

Food: \$_____ Rent/Mortgage: \$_____ Utilities: \$_____ Transportation/Auto Expense (including

Payments and Insurance): \$_____ Child Care \$_____ Child Support Paid: \$_____ Alimony

Paid Out \$_____ Medical Bills (Including Health Insurance, Medications, Medical Debts) \$_____

List other expenses. Include employment-related expenses, educational loans and costs, minimum monthly credit card payments, unreimbursed medical expenses and expenses related to age or disability:

1. _____ 2. _____

Signature _____ Date _____

FOR COURT OR SCREENER

AMOUNT NEEDED FOR BAIL

Bail has been set: ____ Yes ____ No If yes, indicate the amount: \$_____ /\$_____
Cash Bond

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? _____
