
APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS (CRIMINAL COURT)

HOW TO APPLY FOR COUNSEL:

- 1) Apply in person by visiting the Office of Indigent Defense during regular business hours, Monday through Friday.
- 2) Fax the completed application to the Office of Indigent Defense at 315-379-0401.
- 3) Mail the completed application to: Office of Indigent Defense, 48 Court Street, Canton, N.Y. 13617

HOW TO COMPLETE THE APPLICATION FOR ASSIGNMENT OF COUNSEL:

- 1) Answer the questions on the application.
- 2) Provide copies of your Criminal Charges, Complaints, Summonses, Tickets, Supporting Depositions, and/or statements.
- 3) Submit proof of any income or assistance you are receiving:

Employment:

- Check stubs (last 30 days)
- Statement from your employer (on letterhead) indicating proof of employment, rate of pay per hour, and hours worked per week

Self-Employed:

- Records of business showing income and expenses (last 30 days)
- Tax return for the past calendar year

NYS Unemployment Benefits:

- Copy of current award certificate
- Official correspondence from the New York State Department of Labor

Unearned Income (Social Security Benefits (SSI/SSD), Private Disability Benefits, Veteran's Benefits, Pensions, Retirement, Workers' Compensation):

- Copy of your current award certificate/letter or current benefit check
- If Direct Deposit, a bank statement (last 30 days)

Public Benefits (Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), Social Security Income (SSI), New York State Supplemental Program (SSP), Social Security Disability (SSD), Workers' Compensation, Medicaid, or Public Housing):

- Copy of your current benefit letter
- If you are listed on another individual's benefit letter, you must provide a copy of their benefit letter showing your name as a household member

No source of income/not receiving assistance:

- A notarized statement indicating the name, address, telephone number, and relationship of the individual providing you with food, shelter, transportation, cash, and assisting you with any other expenses or personal needs. An Affidavit of Financial Support is available at the Office of Indigent Defense or on the County website (www.stlawco.org). This document can be notarized at the Office of Indigent Defense, the courthouse, or at any bank or local town or village office. Proof of identity is required for notary services.

COURT PHONE NUMBERS

COURT	ADDRESS	PHONE #
BRASHER TOWN COURT	PO Box 358 - Brasher Falls, NY 13613	315-389-4223
CANTON TOWN COURT	60 Main Street - Canton, NY 13617	315-379-9844
CLARE TOWN COURT	3441 County Route 27- Russell, NY 13684	315-386-3084
CLIFTON TOWN COURT	7171 State Highway 3 - Cranberry Lake, NY 12927	315-848-5522
COLTON TOWN COURT	PO Box 475 – South Colton, NY 13687	315-262-2380
DEKALB TOWN COURT	PO Box 133 – DeKalb Junction, NY 13633	315-347-2071
DEPEYSTER TOWN COURT	PO Box 41 – Depeyster, NY 13633	315-344-7259
EDWARDS TOWN COURT	PO Box 23 – Edwards, NY 13635	315-562-8113
FINE TOWN COURT	PO Box 455 – Star Lake, NY 13690	315-848-3121
FOWLER TOWN COURT	87 Little York Road – Gouverneur, NY 13642	315-287-9996
GOVERNEUR TOWN COURT	33 Clinton Street – Gouverneur, NY 13642	315-287-4623
HAMMOND TOWN COURT	17 Main Street – Hammond, NY 13646	315-324-5433
HERMON TOWN COURT	PO Box 28 – Hermon, NY 13652	315-347-3606
HOPKINTON TOWN COURT	7 Church Street – Hopkinton, NY 12940	315-328-4211
LAWRENCE TOWN COURT	11403 US Highway 11 – North Lawrence, NY 12967	315-389-4487
LISBON TOWN COURT	6963 County Route 10, Lisbon, NY 13658	315-393-0489
LOUISVILLE TOWN COURT	14810 State Highway 37 – Massena, NY 13662	315-764-1424
MACOMB TOWN COURT	6663 State Highway 58 – Hammond, NY 13646	315-578-2212
MADRID TOWN COURT	3529 County Route 14 – Madrid, NY 13660	315-528-3399
MASSENA TOWN COURT	60 Main Street – Massena, NY 13662	315-769-5431
MASSENA VILLAGE COURT	60 Main Street – Massena, NY 13662	315-769-5431
MORRISTOWN TOWN COURT	604 Main Street – Morristown, NY 13664	315-375-4148
NORFOLK TOWN COURT	5 West Main Street – Norfolk, NY 13667	315-384-4721
OGDENSBURG CITY COURT	330 Ford Street – Ogdensburg, NY 13669	315-393-3941
OSWEGATCHIE TOWN COURT	51 State Street – Heuvelton, NY 13654	315-344-7284
PARISHVILLE TOWN COURT	1772 State Highway 72 – Parishville, NY 13672	315-268-1722
PIERCEFIELD TOWN COURT	PO Box 220 – Piercefield, NY 12973	518-359-7544
PIERREPONT TOWN COURT	864 State Highway 68 – Canton, NY 13617	315-379-0415
PITCAIRN TOWN COURT	10 Edwards Road – Harrisville, NY 13648	315-543-2111
POTSDAM TOWN COURT	35 Market Street – Potsdam, NY 13676	315-265-4318
ROSSIE TOWN COURT	908 County Route 3 – Redwood, NY 13679	315-324-5166
RUSSELL TOWN COURT	PO Box 628 – Russell, NY 13684	315-347-4824
STOCKHOLM TOWN COURT	PO Box 206 – Winthrop, NY 13697	315-389-5171
WADDINGTON TOWN COURT	46 Maple Street – Waddington, NY 13694	315-388-5629

Application for Assignment of Counsel under County Law, Article 18-B

State of New York, County of St. Lawrence
CONFIDENTIAL

St. Lawrence County Indigent Defense
48 Court Street, Canton, N.Y. 13617

PERSONAL INFORMATION

Name: _____ Former Name: _____

D.O.B.: ____/____/____ Age: _____ Last Four of Social Security: XXXX-XX-____ Gender: M / F

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ Where were you born? _____

Home Phone: _____ Other Phone: _____ Message Phone: _____

E-mail: _____ Have you been a member of the Armed Forces? YES NO

Marital Status: SINGLE / MARRIED Number of financial dependents: _____

Spouse's Name: _____ Spouse's Net Income: _____

Others residing in the home: _____ Relationship to applicant: _____

_____ Relationship to applicant: _____

_____ Relationship to applicant: _____

CURRENT CASE INFORMATION

Name of Court: _____ Judge: _____

Arrest Date: ____/____/____ Arraignment Date: ____/____/____ Next court date: ____/____/____ Time: _____

Charges: _____

Co-Defendants: _____

Complainants: _____

Witnesses: _____

If you are incarcerated, date put in jail: ____/____/____ Have you been released on bail? YES NO

Are you applying for a Violation of Probation Hearing? YES NO Original conviction: _____

Have you tried to hire an attorney? YES NO WHO: _____

Are you currently represented by an attorney? YES NO Attorney's name: _____

Court Name: _____ Previous Arrest Date: ____/____/____

Previous Charges: _____

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)? YES NO

If YES, check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Family Assistance (TANF) | <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP) |
| <input type="checkbox"/> Social Security Income (SSI) | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Safety Net Assistance (SNA) |
| <input type="checkbox"/> Veteran Disability Pension | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> New York State Supplemental Program (SSP) |

Are you in jail? YES NO Are you in mental health facility? YES NO

Within the past 6 months, have you been found eligible for assigned counsel in another criminal case? YES NO

FOR OFFICE USE ONLY:

Date: _____ Screened by: _____ PRESUMPTIVELY ELIGIBLE: YES NO PD CD AC

EMPLOYMENT OR STUDENT STATUS:

Employed: YES NO Student: YES NO Work/Student Status: FULL TIME PART TIME

Net Pay (Take-Home): _____ Weekly Bi-Weekly Monthly Yearly

Employer/School Name: _____ Employer/School Phone: _____

Employer's Address: _____

If self-employed, indicate and describe the nature of employment:

OTHER INCOME

Do you receive income from (check all that apply):

Unemployment Private Disability or SSD Pensions Retirement Real Estate

NET Amount: _____ Weekly Bi-Weekly Monthly Yearly

Other income (explain): _____

NET Amount: _____ Weekly Bi-Weekly Monthly Yearly

ASSETS

List estimated total amount currently in your Savings Account \$ _____ and Checking Account \$ _____

List value of all stocks and bonds in your name: \$ _____

List all real estate you own (except for your primary residence): _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

List any vehicles you own not necessary for basic life activities (additional vehicles, ATV, Snowmobile, Boat, Camper):

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

MONTHLY LIVING EXPENSES

Food: \$ _____	Utilities: \$ _____	Rent or Mortgage Payments: \$ _____
Auto Payment: \$ _____	Auto Insurance: \$ _____	Transportation Expense: \$ _____
Child Care: \$ _____	Alimony Paid Out: \$ _____	Child Support Paid Out: \$ _____
Medications: \$ _____	Medical Bills/Debt: \$ _____	Health Insurance: \$ _____

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. _____

By signing this, you are authorizing the Office of Indigent Defense to verify the facts on your application and authorizing any agency or third party to release information about you to the Office of Indigent Defense and the Court for the purpose of determining eligibility.

Signature

Date

St. Lawrence County Office of Indigent Defense

48 Court Street, Canton, N.Y. 13617

Phone: (315) 379-2401 Fax: (315) 379-0401

AFFIDAVIT OF FINANCIAL CIRCUMSTANCES

(Complete ONLY if you DO NOT HAVE AN INCOME and you are NOT RECEIVING PUBLIC BENEFITS.)

I, _____, reside at _____.

I am submitting an Application for Attorney Services to the St. Lawrence County Office of Indigent Defense.

I am requesting attorney representation for a CRIMINAL COURT FAMILY COURT proceeding.

I currently do not have an income and I am not receiving public benefits.

Explain how you are maintaining basic needs and living expenses:

I am receiving support from the following individual(s):

Name: _____ Relationship to Applicant: _____

Food Shelter Transportation Money Other _____

Name: _____ Relationship to Applicant: _____

Food Shelter Transportation Money Other _____

IF THERE IS A CHANGE IN YOUR FINANCIAL CIRCUMSTANCES, you are required to report this change to the attorney assigned to represent you immediately. If the change in your circumstances makes you financially able to obtain counsel, the court may terminate the assignment of counsel.

By signing this affidavit you are authorizing the Office of Indigent Defense to verify the facts in this affidavit for the purpose of determining eligibility.

State of _____ }
County of _____ } ss.

Signature of Applicant

Date

Sworn to before me on this ____ day

of _____, 20____.

Notary Signature