

**OFFICE OF THE PUBLIC DEFENDER
COUNTY OF GENESEE**

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Victor Mui
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Asst. Public Defenders
Criminal Court Bureau

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Jerry Ader
Public Defender



Kelly Donohue Burns
Senior Asst. Public Defender
Family Court Bureau

Andrea R. Clattenburg
Mary Kay Yanik
Asst. Public Defenders
Family Court Bureau

Scott Frearson
Investigator

Dear Applicant:

Attached you will find our office's application form which must be completed and submitted to this office to determine your eligibility. Please complete the first page as thoroughly as possible and return it to our office either in person, by mail, by fax or by attachment to an e-mail. Once received and reviewed you may be required to complete the second page. In that situation, our office will be contacting you. Please allow yourself ample time prior to your next Court appearance to submit the first page of the application so that if the second page is required, you will have time to complete it and return it to us.

You must provide documentary proof of your income. If you are working, you must provide us copies of your last two (2) paycheck stubs. If you are not working, you must provide documentation from the public assistance agency (DSS, SSI, SSD, Social Security, Worker's Compensation, Unemployment). An ID card or letter should be sufficient.

Please note that a failure to complete our application process will delay our determination of your eligibility for our services. Also, if you are eligible for our services, the sooner that determination is made by this office, the sooner you can discuss your case with your attorney before you return to Court.

If you have any questions in regards to this application or need further assistance, you can contact our office or visit the Public Defender website at co.genesee.ny.us.

Sincerely,

Jerry Ader

JA/jea
Enc

COUNTY COURTS FACILITY, 1 WEST MAIN STREET, BATAVIA, NEW YORK 14020
Phone: (585) 815-7815 Fax: (585) 344-8553
public.defender@co.genesee.ny.us

Please return completed application to:
Genesee County Public Defender's Office
County Courts Facility – One West Main Street
Batavia, NY 14020

Phone: (585) 815-7815

Fax: (585) 344-8553

Email: public.defender@co.genesee.ny.us

Date: _____

Screened by: _____

CONFIDENTIAL

PART I

<u>PERSONAL INFORMATION</u>	<u>CURRENT CASE INFORMATION</u>
Full Name: _____	Arrest Date: _____ Arraignment Date: _____
Maiden Name: _____	Docket No. (if available): _____
Date of Birth: _____ Place of Birth _____	Name of Court: _____
Social Security Number: _____	Judge: _____
Home Address: _____	Charges/Petition: _____
Home/Cell phone: _____	_____
Email: _____	Co-Defendants (If any): _____
Have you ever served in the military? _____	_____
Number of financial dependents in household (other than yourself): _____	Next Scheduled Court Date: _____
	Did you have counsel at your first court appearance? _____

INCOME

Occupation (if a student, indicate the school attending): _____

Name and address of Current Employer: _____

Self-Employed ____ Yes ____ No If yes, nature of self-employment: _____

If not working, how do you support yourself: _____

Amount of Net (Take-Home) Pay: \$ _____ per Year Month Bi-weekly Weekly (PROVIDE PROOF)

OTHER CIRCUMSTANCES:

1) Are you currently incarcerated, detained, or confined to a mental health facility? ____ Yes ____ No

2) Are you currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)?

____ Yes ____ No If yes, what is it and provide proof: _____

3) Within past 6 months, have you been found eligible for assigned counsel in another criminal or Family Court case?

____ Yes ____ No

Signature: _____

Date: _____

STOP

Applicant: Stop here. Await further instructions.

CONFIDENTIAL

PART II

OTHER INCOME

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

If yes, list the amount: _____

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 necessary for basic life activities: _____

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

List value of all stocks or bonds in applicant's name: _____

Monthly Living Expenses

Food: \$ _____ Rent or Mortgage Payment: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses (Including Payments & Insurance): _____

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

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

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: _____

Signature: _____

Date: _____

AMOUNT NEEDED FOR BAIL

Bail has been set: _____ Yes _____ No If Yes, indicate the amount: _____

COST OF RETAINING PRIVATE COUNSEL

What is the 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[s], 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: _____

For Court/Screener Use Only