

**YOU MUST ANSWER ALL QUESTIONS, PRINT CLEARLY, USE INK ONLY**  
**APPLICATION FOR COUNSEL - CRIMINAL COURT**

1. Defendant's Name: \_\_\_\_\_ Place of Birth (City/State/Country) \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Unit/Lot #: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Defendant's Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

2. What Court: \_\_\_\_\_ Next Court Date: \_\_\_\_\_ Time: \_\_\_\_\_

What are you charged with? \_\_\_\_\_

3. Do you have a prior criminal conviction? Y ( ) N ( ) Are you currently on probation or parole? Y ( ) N ( )  
Do you have any **open** criminal matters in another court? Y ( ) N ( )

**ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE DENIED. NOTE: THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN FOR ANYONE UNDER 21.**

4. Married? Y ( ) N ( ) Separated? Y ( ) N ( ) Student? Y ( ) N ( )

5. Are you working? Y ( ) N ( ), if yes: Name of Employer: \_\_\_\_\_ Employer's number: \_\_\_\_\_  
How long have you been in this job? \_\_\_\_\_ What is your weekly (**gross**) pay? \_\_\_\_\_ Weekly **take home** pay? \_\_\_\_\_

6. Who do you live with? \_\_\_\_\_ Is he/she employed? Y ( ) N ( ) Weekly take home pay? \_\_\_\_\_

7. Including **yourself, spouse and children**, how many dependents do you have? \_\_\_\_\_ How many dependents live with you? \_\_\_\_\_

8. Does anyone in your household receive any of the following and if so, what amount?

Unemployment Y ( ) N ( ) \$ \_\_\_\_\_ Disability Y ( ) N ( ) \$ \_\_\_\_\_ Social Security Y ( ) N ( ) \$ \_\_\_\_\_

Workers' Compensation Y ( ) N ( ) \$ \_\_\_\_\_ Social Services Y ( ) N ( ) \$ \_\_\_\_\_ Support/Alimony Y ( ) N ( ) \$ \_\_\_\_\_

9. **TOTAL AMOUNT OF ALL SOURCES OF INCOME PER WEEK \$** \_\_\_\_\_

If you show \$0 or no income, what is your present means of support? If needed, please use a separate sheet of paper to provide more information. \_\_\_\_\_

10. What are your monthly expenses? Mortgage \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Vehicle \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_ Loan \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

11. **TOTAL AMOUNT OF ALL EXPENSES PER MONTH \$** \_\_\_\_\_

12. Does anyone help you pay these expenses? Y ( ) N ( )

13. Do you have a checking account? Y ( ) N ( ) Savings account? Y ( ) N ( )

14. **TOTAL ALL MONEY IN CHECKING, SAVINGS AND CASH \$** \_\_\_\_\_

15. Do you own a house, mobile home, motor home or vehicle? Y ( ) N ( ) if yes what is the value of:

House \$ \_\_\_\_\_ Mobile Home \$ \_\_\_\_\_ Motor Home \$ \_\_\_\_\_ Vehicle \$ \_\_\_\_\_

How much do you owe on your:

House \$ \_\_\_\_\_ Mobile Home \$ \_\_\_\_\_ Motor Home \$ \_\_\_\_\_ Vehicle \$ \_\_\_\_\_

16. Do you own any other assets of any kind? Y ( ) N ( ), if yes what are they worth? \$ \_\_\_\_\_

**I hereby certify, under penalty of perjury, that the answers I have given are true and correct.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR PUBLIC DEFENDER USE ONLY**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOUR APPLICATION FOR COUNSEL HAS BEEN:**

1. APPROVED and your case has been assigned to: \_\_\_\_\_ Esq. Phone #: \_\_\_\_\_

APPROVED for **BAIL APPLICATION ONLY**; if and when defendant is released, parents will need to file a financial affidavit

2. DENIED because:

- \_\_\_\_\_ Not Indigent (income exceeds financial guidelines)
- \_\_\_\_\_ Incomplete or insufficient information'
- \_\_\_\_\_ Defendant under 21 years of age; need parents financial information
- \_\_\_\_\_ No authorization for Public Defender Services

*If you wish to appeal your denial or for further information contact:*

**SARATOGA COUNTY PUBLIC DEFENDERS OFFICE**

**40 MCMASTER STREET., BALLSTON SPA, NY 12020**

**TELEPHONE: 518-884-4795 FAX: 518-884-4789 EMAIL: pd@saratogacountyny.gov**