

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

1. Defendant's Name: _____

Place of Birth (City/State/Country) _____ Defendant's Age: _____ Defendant's Date of Birth: _____

Defendant's Address/City/State/Zip: _____

Defendant's Email & Number(s); Email: _____ Home: _____ Cell: _____ Work: _____

2. What Court: _____ Next Court Date: _____ Time: _____

What are you charged with? _____

3. Do you have a prior criminal conviction? Y N If you marked **yes**, please explain, if you need additional space, please use a separate piece of paper.

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 including tips: _____

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. Do you, your spouse or any of your dependants receive any of the following?
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:

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