SARATOGA COUNTY

APPLICATION FOR COUNSEL CRIMINAL/FAMILY COURT

Saratoga County Assigned Counsel Office
40 McMaster Street
Ballston Spa, New York 12020
Phone: (518) 889-8128
Email: AssignedCounsel@saratogacountyny.gov

You may submit your application in the following ways:

1) *For Family Court matters ONLY*: Send completed application to Saratoga County Family Court, 35 West High Street, Ballston Spa, New York 12020 or via e-mail to SaratogaFamily@nycourts.gov

   For all other matters:

2) Hand deliver the completed application to the Assigned Counsel Office anytime Monday through Friday between the hours of 9:00 AM and 4:30 PM, or

3) Email application to AssignedCounsel@saratogacountyny.gov, or

4) Mail the completed application to the Assigned Counsel Office at the address above.

Applicants may contact our office at AssignedCounsel@saratogacountyny.gov for requests to be contacted and any questions regarding applications.

CONFIDENTIAL
STATE OF NEW YORK – COUNTY OF SARATOGA
APPLICATION FOR COUNSEL CRIMINAL/FAMILY COURT - PART I
Please return application to:
Saratoga County Assigned Counsel Office
40 McMaster Street, Ballston Spa, NY 12020
Phone: (518) 889-8128
AssignedCounsel@saratogacountyny.gov

APPLICANT INFORMATION

Full Name:		
Date of Birth:	Cell Phone:	Home Phone:
Current Address:	Email Address:	
City:	State:	ZIP Code:
Marital Status:	Were you born in the US? ◯ Yes ◯ No	
Number of Financial Dependents in Household (list all, including minors, elderly or disabled):		

CURRENT CASE INFORMATION

CRIMINAL CHARGES:

Court:	Judge:	Arrest Date:	Arraignment Date:
Charges:			Next Court Date:
Alleged Co-Defendant(s):	Alleged Witness(es):		Alleged Victim(s):

Family Court:

Court: **Saratoga County**	Judge:	Next Court Date:
Matter:		
Other Parties:	Witness(es)	

EMPLOYMENT INFORMATION

Occupation (if student, indicate the school attending; if self-employed, describe what type of work you do):

Current Employer - Name and Address:

Net Pay (Take Home): $_____per ◯ week ◯ bi-weekly ◯ month ◯ year

OTHER CIRCUMSTANCES

1. Are you incarcerated, detained, hospitalized or confined to a mental health facility?	◯ Yes	◯ No
2. Are you currently receiving deemed eligible or pending receipt of need-based public assistance?	◯ Yes	◯ No
3. Have you been deemed eligible for assigned counsel in the past six (6) months?	◯ Yes	◯ No

SIGNATURE OF APPLICANT

Signature of applicant:_____Date: _____

IF THE ANSWER TO QUESTION 1, 2 or 3 is "YES", STOP HERE.
OTHERWISE, PLEASE CONTINUE TO THE NEXT PAGE

CONFIDENTIAL APPLICATION FOR COUNSEL PART II

OTHER INCOME

Do you receive a pension, annuity or retirement payments? ◯ Yes ◯ No If yes, list amount: $

Do you currently receive income from owned real estate? ◯ Yes ◯ No If yes, list amount: $

List other sources of income you receive (do not include child support or public assistance):

1.

2.

ASSETS

List amount in the following bank accounts: Checking $ Savings $

Do you own real estate? ◯ Yes ◯ No If yes, list/estimate market value and amount owed for each property below:

1. Primary Residence Exception Market Value $ Amount Owed $

2. Market Value $ Amount Owed $

3. Market Value $ Amount Owed $

List any vehicles owned **not necessary** for basic life activities: (For example – Cars, Boats, RV's, ATV's, Snowmobiles, Motorcycles)

1. Vehicles : Market Value $ Amount Owed $

2. Market Value $ Amount Owed $

3. Market Value $ Amount Owed $

List value of Stocks and Bonds:

1. Estimate Market Value $ Amount Owed $

2. Estimate Market Value $ Amount Owed $

MONTHLY LIVING EXPENSES

Food: $ Rent/Mortgage: $ Utilities:$

Transportation/Auto Expenses: Payment $ Insurance $

Child Care: $ Child Support Paid Out: $ Alimony/Maintenance Paid Out:$

Medical Expenses: Health Ins.: $ Co-Pays: $ Medication: $ Debts: $

List other expenses. Include employment-related expenses, school loans/fees, minimum monthly credit card payments, unreimbursed medical expenses, expenses related to age or disability:

1.

2.

3.

SIGNATURE OF APPLICANT

Signed: _____ Date: _____

Please note: If you have completed Part II, please provide additional information to assist us in determining your eligibility for assignment of counsel:

1. If you are employed, copies of your last four (4) pay stubs.
2. Copies of the most recent receipts for expenses, including but not limited to utility bills, rent/mortgage, insurance, transportation and childcare.
3. If you are self-employed, copies of your last three (3) years of tax returns.
4. A list of any and all assets, value and amount owed, if not already disclosed in Part II above.
5. Account statements for any and all checking and savings accounts.

Applicants are strongly encouraged to submit all of the above documentation at the time of their application to help ensure it can be timely processed.