

# STEUBEN COUNTY PUBLIC DEFENDER

## APPLICATION FOR SERVICES

I HEREBY MAKE THE FOLLOWING STATEMENTS IN REGARD TO MY PERSONAL INFORMATION AND FINANCIAL STATUS AS THEY RELATE TO MY REQUEST FOR THE SERVICES OF THE STEUBEN COUNTY PUBLIC DEFENDER'S OFFICE.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

NAME AND RELATIONSHIP OF EVERYONE LIVING WITH YOU: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CRIMINAL CHARGES

NEXT COURT DATE: \_\_\_\_\_ ARE YOU CURRENTLY IN JAIL? \_\_\_\_\_ BAIL AMOUNT: \_\_\_\_\_

COURT: \_\_\_\_\_ JUDGE: \_\_\_\_\_

CHARGES: \_\_\_\_\_

CO-DEFENDANT(S): \_\_\_\_\_

ALLEGED VICTIM(S): \_\_\_\_\_

### FINANCIAL INFORMATION

**\*\* If under 21, list financial information of yourself and parent(s) below\*\***

NAME OF EMPLOYER: \_\_\_\_\_ PHONE OF EMPLOYER: \_\_\_\_\_

WEEKLY **GROSS** PAY: \_\_\_\_\_ SPOUSES WEEKLY **GROSS** PAY: \_\_\_\_\_

UNEMPLOYMENT: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

WORKERS' COMPENSATION: \_\_\_\_\_ DSS PAYMENTS: \_\_\_\_\_

CHILD SUPPORT RECEIVED \_\_\_\_\_

**IF UNEMPLOYED**, MOST RECENT EMPLOYER \_\_\_\_\_

LAST DAY OF EMPLOYMENT \_\_\_\_\_ FORMER WEEKLY GROSS PAY \_\_\_\_\_

**ASSETS**

REAL ESTATE

OWNER: \_\_\_\_\_

ESTIMATED MARKET VALUE: \_\_\_\_\_

VEHICLE YEAR & MAKE: \_\_\_\_\_

IRA/401-k: \_\_\_\_\_

STOCKS: \_\_\_\_\_

CHECKING & SAVINGS ACCOUNT BALANCES \_\_\_\_\_

OTHER ASSETS: \_\_\_\_\_

**LIABILITIES:**

AMOUNT OF RENT/MORTGAGE: \_\_\_\_\_ UTILITIES: \_\_\_\_\_

CHILD SUPPORT PAID \_\_\_\_\_ VEHICLE LOAN \_\_\_\_\_

OTHER DEBTS \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:** (1) your most recent Federal Tax Return; (2) your most recent paystub; and (3) your DSS or SS Assistance Letters. If any of these documents are not available at this time, I agree to provide these documents to the Public Defender's Office as soon as possible and I understand that if I fail to provide these documents, I may be denied the services of the Public Defender's Office.

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

I AM FINANCIALLY UNABLE TO OBTAIN COUNSEL WITHOUT A SUBSTANTIAL HARDSHIP.

I CONSENT THAT A COPY OF THIS AFFIDAVIT AND OTHER FINANCIAL INFORMATION MAY BE PROVIDED TO THE COURT TO DETERMINE IF I AM ELIGIBLE FOR THE SERVICES OF THE PUBLIC DEFENDER.

I AUTHORIZE THE PUBLIC DEFENDER TO VERIFY THE ABOVE INFORMATION AND SPECIFICALLY AUTHORIZE THE PUBLIC DEFENDER TO CONTACT MY EMPLOYER.

I ACKNOWLEDGE THAT IF IT IS DETERMINED I AM INELIGIBLE FOR A PUBLIC DEFENDER, I MAY BE ORDERED TO PAY ALL OR A PORTION OF THE COST OF THE PUBLIC DEFENDER'S REPRESENTATION OF ME.

**\*\*\*APPLICATIONS NOT SIGNED BY THE DEFENDANT WILL NOT BE PROCESSED\*\*\***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Return completed form to:**  
**Philip J. Roche, Steuben County Public Defender**  
**3 East Pulteney Square,**  
**Bath, New York 14810.**  
Phone: (607) 664-2410  
Fax: (607) 664-2496

\_\_\_\_\_ Eligible

\_\_\_\_\_ Not Eligible

\_\_\_\_\_  
Steuben County Public Defender Date: