

# Application for Assignment of Public Defender under County Law

State of New York, County of Jefferson

Jefferson County Public Defender's Office  
175 Arsenal Street, Watertown, NY 13601  
jcpbpublicdefender@jeffersoncountyny.gov

## Confidential

### Personal Information

Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Last Four (4) of Social Security: XXXX-XX- \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Where were you born? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Are you a member of the Armed Forces?  Yes  No

Marital Status:  Single  Married Number of Financial Dependents: \_\_\_\_\_

Spouse's Name (living with you): \_\_\_\_\_ Spouse's Net Income: \$ \_\_\_\_\_

Children/others (living with you): \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

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### Current Case Information:

Name of Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Arraignment Date: \_\_\_\_\_ Next Court Date: \_\_\_\_\_ Time: \_\_\_\_\_

Charges: \_\_\_\_\_

Co- Defendants: \_\_\_\_\_

Complainants: \_\_\_\_\_

Witnesses: \_\_\_\_\_

If you are incarcerated, date put in jail: \_\_\_\_\_ Have you been released on bail?  Yes  No

Are you applying for a Violation of Probation Hearing?  Yes  No Original Conviction: \_\_\_\_\_

Have you tried to hire an attorney?  Yes  No Who: \_\_\_\_\_

Are you currently represented by an attorney?  Yes  No Attorney's name: \_\_\_\_\_

Court name: \_\_\_\_\_ Previous Arrest Date: \_\_\_\_\_

Previous Charges: \_\_\_\_\_

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)?  Yes  No

If YES, check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medicaid                     | <input type="checkbox"/> Family Assistance (TANF) | <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP)  |
| <input type="checkbox"/> Social Security Income (SSI) | <input type="checkbox"/> Public Housing           | <input type="checkbox"/> Safety Net Assistance (SNA)               |
| <input type="checkbox"/> Veteran Disability Pension   | <input type="checkbox"/> Workers' Compensation    | <input type="checkbox"/> New York State Supplemental Program (SSP) |

Are you in Jail?  Yes  No Are you in a mental health facility or treatment facility?  Yes  No

Within the past 6 months, have you been found eligible for assigned counsel in another criminal case?  Yes  No

### For Office Use Only:

Date: \_\_\_\_\_ Screened by: \_\_\_\_\_ PRESUMPTIVELY ELIGIBLE:  Yes  No  PD  CD  AC

# Financial Disclosure

## Employment or Student Status:

Employed:  Yes  No      Student:  Yes  No      Work/Student Status:  Full Time  Part Time

Net Pay (Take-Home): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

Employer/ School Name: \_\_\_\_\_ Employer/School Phone : \_\_\_\_\_

Employer's Address: \_\_\_\_\_

If self-employed, indicate and describe the nature of employment:

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## Other Income

Do you receive income from (Check all that apply):

Unemployment     Private Disability or SSD     Pensions     Retirement     Real Estate

Net Amount: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

Other income (explain): \_\_\_\_\_

Net Amount: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly

## Assets

List estimated total amount currently in your Savings Account \$ \_\_\_\_\_ and Checking Account \$ \_\_\_\_\_

List value of all stocks and bonds in your name: \$ \_\_\_\_\_

List all real estate you own, including a camp or second home, etc. (NOT your primary residence):

Current Market Value (estimate): \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

List any additional vehicles own, including ATV, Motorcycle, Snowmobile, Boat, Camper (NOT your primary vehicle):

## Monthly Living Expenses

Food: \$ \_\_\_\_\_      Utilities: \$ \_\_\_\_\_      Rent or Mortgage Payments: \$ \_\_\_\_\_

Auto Payment: \$ \_\_\_\_\_      Auto Insurance: \$ \_\_\_\_\_      Transportation Expense: \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_      Alimony Paid Out: \$ \_\_\_\_\_      Child Support Paid Out: \$ \_\_\_\_\_

Medications: \$ \_\_\_\_\_      Medical Bills/Debt: \$ \_\_\_\_\_      Health Insurance: \$ \_\_\_\_\_

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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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By signing this, you are authorizing the Jefferson County Public Defender's Office to verify the facts on your application and authorizing any agency or third party to release information about you to the Jefferson County Public Defender's Office and the Court for the purpose of determining eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date