

FAMILY COURT APPLICATION FOR ASSIGNMENT OF COUNSEL

Steuben County Public Defender's Office • 3 E. Pulteney Square • Bath, NY 14810

Phone: 607-664-2413 • Fax: 607-664-2512

Eligible

Not Eligible

Date: _____

Case Information:

Petitioner: _____ Respondent: _____

File # _____ Docket #(s) _____

Judge: _____ Next Court Date/Time: _____ @ _____ am/pm

Attorney(s) for the Child(ren): _____

Personal Information:

Name: _____ Pronouns: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residential Address: (if different from mailing address) _____

City: _____ State: _____ Zip: _____

E Mail: _____ Phone: _____ Text Opt-In

Last 4 Digits of your Social Security Number: _____

Marital Status (Please Circle): **Single / Married / Separated / Divorced / Widowed / Domestic Partnered**

Race (Please Circle): **Caucasian / African American / Hispanic / Other** _____

Total number of Dependents living in your household: _____

- list their names and relationship to you: _____

Financial Information:

Do you receive public assistance (Please Circle)? **SNAP / SSI / SSP / TANF / SNA / Medicaid / Public Housing Assistance**

Have you been deemed eligible for assignment of counsel in the past six months? _____

Gross Salary from Employment: \$ _____ Weekly / Bi-Weekly / Monthly / Yearly

Name/Address of Employer: _____

Gross Salary from Self Employment: \$ _____ Weekly / Bi-Weekly / Monthly / Yearly

Child Support Received (weekly): \$ _____

List any other income you receive (Unemployment Insurance/Worker's Compensation): \$ _____

If you are not employed, how do you support yourself? _____

Asset Information:

List any Real Property you own and its value (other than your primary residence): _____

Checking/Savings Account Balances: \$ _____

Value of other property (boats, RVs, snowmobiles, secondary vehicles, etc.): \$ _____

Debt Information:

Child Care Cost (weekly): \$ _____ Child Support Paid (weekly): \$ _____

Rent/Mortgage Payment: \$ _____

Vehicle Loans (amount/balance): \$ _____

Other Debts (union dues, retirement contributions, State, Local and Federal Taxes): \$ _____

THE INFORMATION PRESENTED HEREIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicants Signature

Date



STEUBEN COUNTY PUBLIC DEFENDER

SHAWN M. SAURO
CHIEF DEFENDER

CONSENT TO RELEASE FAMILY COURT DOCUMENTS

Criminal Division

- Shawn M. Sauro
Chief Defender
- Casey E. Rogers
Senior Assistant
- Terrence J. Baxter
Senior Assistant
- James A. Davis
- Travis J. Barry
- Christopher M. Tunney
- A. Renee Sutton
- Christopher G. Quinlan
- Raymond P. Kot
- Brandy L. Shafer
- Sujata Ramaiah
- Patrick V. Wood
- Peter J. Degnan
- Sara A. Morton
- Anna Kuksenkova
- Jennifer L. Donlon
- Danielle A. Ward
- Fengshu Yang

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY OR A CLERK OF THE COURT

I, _____ (print your name), hereby applied to the court for Assignment of Counsel, if eligible, in the Family Court proceedings under Family Court File.

File#: _____ Docket#: _____
Date _____ Time _____ Judge _____

I further consent to the Family Court providing copies of all records in the possession of Family Court pertaining to my file number, including, but not limited to: pending Petitions; Orders to Show Cause; my Family Court information sheet; any existing permanent or temporary Orders of the Court which apply in my case(s); all prior Petition and their subsequent final Orders regarding the subject child(ren) and parties; and any court transcripts from prior as well as current proceedings to the Steuben County Public Defender's Office and/or the Assigned Counsel Office prior to assignment of counsel.

Signature

Date

NOTARIZED BY:

Sworn to before me on

_____. 20____

(Deputy) Clerk of the Court

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY OR A CLERK OF THE COURT
AND RETURNED TO THE STEUBEN COUNTY FAMILY COURT, AT THE BELOW ADDRESS,
PRIOR TO AN ATTORNEY BEING ASSIGNED TO REPRESENT YOU, SHOULD YOU QUALIFY.

Criminal Division
Phone 607-664-2410
Fax: 607-664-2496

3 East Pulteney Square
Bath, New York 14810
www.steubencony.org

Family Division
Phone: 607-664-2413
Fax: 607-664-2512

Service of court documents by email or facsimile is not accepted.