



WAYNE COUNTY PUBLIC DEFENDER

26 Church Street, Second Floor

Lyons, New York 14489

(315) 946-7472



AFFIRMATION OF FINANCIAL STATUS
COUNTY OF WAYNE

Applicant Name: _____
Last First MI

Address: _____ Social Security No.: _____

Town: _____ State: _____ Zip: _____ Age: _____ Date of Birth: _____

How long have you lived at this address?: _____

Country Born In: _____ Are you a U.S. Citizen? Yes No

Primary Telephone No.: _____ Alternate Telephone No.: _____

Marital Status: Unmarried/Single Married Separated Divorced

Race: White Black Hispanic Other: _____

Are you currently attending school? YES NO Name of School: _____

Current grade: _____. If not, highest grade completed? _____ GED? _____

Please list all members in the household who are currently living with you:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>EARNINGS FROM EMPLOYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL CASE INFORMATION

Court: _____ Town Village Judge's Name: _____

Arrest Date: _____ Next Court Date: _____

CHARGES:

_____ Felony Misdemeanor Violation

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Were you put in the Wayne County Jail on this arrest? Yes No

Do you have a family member who has ever been involved with the criminal justice system (jail, probation, parole)?
If so, who?

Have you ever been arrested (previous to this arrest)? Y / N If so, when (year)? _____ What Court? _____

What for? _____ If closed, what was Disposition? _____

Are you on Probation? Y / N For how long? _____ If so, who is your Officer? _____

Are you on Parole? Y / N For how long? _____ If so, who is your Officer? _____

Do you have any physical, mental or learning disabilities? Y / N If so, what?

INCOME (Gross Amount)

<u>TYPE</u>	<u>AMOUNT</u>
Employment/Self Employment	\$ _____
Unemployment Benefits	\$ _____
Child Support (received)	\$ _____
Disability Payments	\$ _____
Social Security/SSI	\$ _____
Student Loans/Grants	\$ _____
Public Assistance (not food stamps)	\$ _____
Other: _____	\$ _____

DEBTS

<u>TYPE</u>	<u>AMOUNT</u>
Rent/Mortgage	\$ _____
Child Support (paid)	\$ _____
Car Payment	\$ _____
Personal Loans	\$ _____
Credit Cards (combined)	\$ _____
Heat/Electric (combined)	\$ _____
Other:	\$ _____

Name of Bank: _____ Checking Balance: _____ Savings Balance: _____

EMPLOYMENT

Employers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If self-employed, your occupation: _____

If **UNEMPLOYED**, how long? _____ Name of last employer: _____

Any Military Service? Y / N If so, when (years): _____ Rank _____

Branch: _____ Type of Discharge: _____

ASSETS:

Do you own any real estate: Yes No If yes, please complete the following information:

Description of house and/or property: _____

Address: _____ Estimated value: _____

Amount Owed: _____ To Whom Owed: _____

Do you own any motor vehicles? Yes No If yes, please complete the following information:

Make: _____ Model: _____ Year: _____

Estimated value: _____ Amount Owed: _____

To Whom Owed: _____

If you are **UNDER 21** years of age and unmarried, your parents may be responsible for your legal costs. Complete this section:

FATHER'S NAME: _____ MOTHER'S NAME: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

(Signature)

(Date)