

Attorney \_\_\_\_\_

Appt. \_\_\_\_\_

**CONFIDENTIAL**

**WAYNE COUNTY PUBLIC DEFENDER**

Date: _____
Screened by: _____

**Application for Assignment of Counsel under County Law, Article 18-B**

**PART I**

<u>PERSONAL INFORMATION</u>	<u>CURRENT CASE INFORMATION</u>
Full Name: _____	Arrest Date: _____ Arraignment Date: _____
Date of Birth: _____	Name of Court: _____
Home Address: _____	Judge: _____
City _____ State _____ Zip _____	Charges:
Cell phone: _____	1 _____
Alternate phone: _____	2 _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	3 _____
Race: Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other <input type="checkbox"/>	4 _____
List of financial dependents in household (with age):	Co-Defendants (If any):
1 _____	1 _____
2 _____	2 _____
3 _____	
4 _____	Next Scheduled Court Date: _____

**EMPLOYMENT**

Occupation (if a student, indicate school and grade; if self-employed, indicate and describe the nature of employment):  
\_\_\_\_\_

Name and address of Current Employer:

1 \_\_\_\_\_

2 \_\_\_\_\_

Amount of Net (Take-Home) Pay: \$ \_\_\_\_\_ per Year  Month  Bi-weekly  Weekly

<b>Court/Screeners: Is the applicant's income at or below 250% of the FPG? _____ Yes _____ No</b>
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**OTHER CIRCUMSTANCES:**

- 1) Did applicant post bail for this arrest? Yes  No ; If so, how much? \_\_\_\_\_
- 2) Is the applicant currently receiving or pending receipt of need-based public assistance Yes  No
- 3) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? Yes  No
- 4) Is applicant currently on probation? Yes  No ; On parole? Yes  No ; If so who is the officer? \_\_\_\_\_
- 5) Any Military Service? Yes  No  If so, when? \_\_\_\_\_ Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Please email completed application to: pdeligibility@co.wayne.ny.us

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Applicant: Stop here. Await further instructions.***

<b>Instructions for Court/Screeners: Is Applicant presumptively eligible for assigned counsel? _____ Yes _____ No [If Yes, counsel shall be assigned. If No, proceed to Part II of the application]</b>
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**PART II**

**OTHER INCOME**

Does the applicant currently receive pension, annuity, or retirement payments? \_\_\_ Yes \_\_\_ No If yes, list the amount: \_\_\_\_\_

Does the applicant currently receive income from owned real estate? \_\_\_ Yes \_\_\_ No If yes, list the amount: \_\_\_\_\_

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance):  
\_\_\_\_\_

**ASSETS**

List estimated total amount currently in applicant's bank accounts (savings and checking): \_\_\_\_\_

List all real estate applicant owns (see Instructions for primary residence exception): \_\_\_\_\_

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

List any vehicles applicant owns not necessary for basic life activities: \_\_\_\_\_

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

List value of all stocks or bonds in applicant's name:  
\_\_\_\_\_

**MONTHLY LIVING EXPENSES**

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

Transportation/Auto Expenses (Including Payments & Insurance): \$ \_\_\_\_\_

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

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ \_\_\_\_\_

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. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Court or Screener**

**COST OF RETAINING PRIVATE COUNSEL**

What is the estimated cost of retaining private counsel in your county for the offense the applicant is being charged with?  
\_\_\_\_\_

Based on the information in the previous section (seriousness of the offense[s], income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ELIGIBILITY**

Is the applicant eligible for assigned counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answering no, state why: \_\_\_\_\_  
\_\_\_\_\_