MONTGOMERY COUNTY PUBLIC DEFENDER'S OFFICE

P.O. Box 338, 200 Clark Dr., Fultonville, NY 12072 Phone: 518-853-8305 / Fax: 518-853-8308 From Montgomery County Correctional Facility 853-8306

APPLICATION – Criminal Court

NOTICE TO APPLICANT:

- 1. You have the right to be represented by counsel in this proceeding if you qualify.
- 2. Please <u>COMPLETE</u> this Affidavit and return promptly to the Public Defender's Office. <u>Answer ALL questions</u> to the best of your ability. Do not leave any questions unanswered.
- 3. If you are under 21 and living with your parents or legal guardian, they are required to give their financial information, number of dependents and list assets, along with yours.

If application is not completed with EVERY question thoroughly answered, it will be RETURNED to you UNPROCESSED.

APPLICANT INFORMATION

1.	Your Full Name_			Date:	
2.	Other names that you are or have been known by				
3.	Home Mailing Address Note: You must notify the Public Defender's Office of any address and/or phone change.				
4.	Date of Birth	Gender [] male [] female Social S	ecurity #	
5.	Phone Secondary No(s)				
6.	If you are under 21, are you living with parent or legal guardian? Name(s)				
7.	Marital Status: Married/Single/Divorced/Separated/Widowed Spouse's Full Name				
8.	How many biological children do yo Number of additional children legall adopted or you have Legal custody of	ly	ame	Age	
9.	Number of biological, adopted and/or legal custody children residing with you (under 21)				
10.	Do you <i>currently</i> pay support for these children? How often Amount \$				
11.	If there is a Court Support Order in place, please indicate Court				
12.	Are you <i>currently</i> receiving support?How often Amount \$				
13.	Number of dependents under 21 bein	ng claimed			
COUI	RT/CHARGE INFORMATION Next court date:	Time:	Date of arrest:		
2.	COURT: County, City, Town, Fan	nily, IDV, Village of_		Judge:	
3.	Are you currently in jail? [] yes [] no Bail amount: _		Is this a Felony? [] yes [] no	
4.	Charges against you:				
5.	Name of any Co. Defendant's involv	/ed:			
If ther	re are Current Family court matter(s) pe	ending:			
1.	Next court date:	Time:	Are you the: []]	Petitioner, [] Respondent or [] Both?	
2.	File No(s).: Family Court Docket No.: Attorney Representing:				
3.	Type of Petition filed: 1st Initial Court Appearance Date on this petition:				
4.	Name of any other persons named in	Family Court Petition:			

ENITI	TO I MENT INFORMATION (The following questions are in regard to you and/or anyone in your nome)				
1.	What is your occupation?				
2.	Name/Address of Employer				
3.	Length of Employment				
4.	Hourly rate of pay \$ [] Full-time [] Part-time Number of hours a wk				
5.	Amount of pay before taxes \$ [] Weekly [] Bi-wkly [] Monthly [] Yearly				
6.	If you are receiving or plan to receive, please circle & indicate details: Heap, Hudd, Housing, Food Stamps,				
	Unemployment, SSI, SSD, Workman's Comp., DSI, Pension, Support, Trust Fund, SNAP, TANF, PA, Survivor Benefits et				
	other:				
7.	How much \$ How often Other?				
8.	If you are unemployed and not receiving any assistance , indicate how you are meeting your living expenses:				
SECO	NDARY INCOME (spouse, partner with child in common, legal guardian, parents, child income/assistance, etc.)				
1.	Source of income				
2.	Amount of pay (before taxes) or assistance received \$[] Weekly [] Bi-wkly [] Monthly				
ASSET	· · ·				
	House [] yes [] no Market Value \$ Total balance owed on mortgage \$				
	Property[] yes [] no Value \$ Stocks/bond/CD's/trust fund [] yes [] no Value \$ Year & Make				
	Vehicle [] yes [] no Value \$ Year & Make Amount in Checking \$ Amount in Savings \$ Amount on hand \$				
	Name of bank and location				
DEDE					
	S Rent/Mortgage \$				
	INAL HISTORY				
1.	Have you ever been <i>Convicted</i> of?: [] Felony, [] Misdemeanor, [] Violation Year Have you ever been legally classified a person (adult or child) in need of supervision or as a juvenile delinquent?				
2. 3.	Have you ever been represented by this office before? [] yes [] no Year Charge/Attorney				
4.	Do you have any other pending cases? [] yes [] no Court/Attorney				
5.	Do you have any lawsuits currently pending? [] yes [] no Court/Attorney				
6.	Are you on Probation? [] yes [] no Parole? [] yes [] no Through which Court/Judge:				
NOTIO	CE:				
	I,, being duly sworn, depose and say that I am the in the above - case, and I am financially unable to retain an attorney to represent me in regard to the above matter. In the event that I become				
entitled	case, and I am financially unable to retain an attorney to represent me in regard to the above matter. In the event that I become				
	ed or retain my own attorney I will notify the Court as soon as possible and I will immediately notify the Public Defender's				
	with the name/address of my employer. I have examined the above statements made by me, and to the best of my knowledge ief, they are true and correct.				
	I,, hereby authorize any bank, place of employment or other financial institution or Credit to disclose confidential information concerning bank accounts, payroll, and other assets or credit information to the omery County Public Defender's Office.				
	Signature of Applicant				
	BE SURE that you answered EVERY QUESTION COMPLETELY or it will be RETURNED to you UNPROCESSED				

11/3/17