

**St. Lawrence County Office of Indigent Defense**  
48 Court Street, Public Safety Building, Canton, N.Y. 13617  
Phone: (315) 379-2401 Fax: (315) 379-0401

**AFFIDAVIT OF FINANCIAL CIRCUMSTANCES**

I, \_\_\_\_\_, reside at \_\_\_\_\_.

I am submitting an Application for Attorney Services to the St. Lawrence County Office of Indigent Defense.

I am requesting attorney representation for a  CRIMINAL COURT  FAMILY COURT proceeding.

I currently do not have a source of income and I am not receiving public benefits.

Explain how you are maintaining basic needs and living expenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am receiving support from the following individual(s):

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Food  Shelter  Transportation  Money  Other \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Food  Shelter  Transportation  Money  Other \_\_\_\_\_

**If there is a change in your financial circumstances, you are required to report this change to the attorney assigned to represent you immediately.** If the change in your circumstances makes you financially able to obtain counsel or to make partial payment for representation or other services, the court may terminate the assignment of counsel or authorize payment to St. Lawrence County.

By signing this affidavit you are authorizing the Office of Indigent Defense to verify the facts in this affidavit for the purpose of determining eligibility.

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me on this \_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature