

# ***ST. LAWRENCE COUNTY OFFICE OF INDIGENT DEFENSE***

*48 Court Street, Canton, New York 13617-1169*

*Telephone: 315-379-2401*

## **APPLICATION FOR ATTORNEY SERVICES**

### **Instruction Sheet**

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You must submit ALL of the following required information before your application will be processed. Upon receipt of your application, please allow at least three (3) business days to determine eligibility and process. *Incomplete applications or applications missing the following required documentation will not be processed and will be returned to you.*

- ❑ **COMPLETED APPLICATION FORM:** You MUST complete Parts 1 – 6 on the application, and if applicable, describe any hardship circumstances in the space provided below Part 6. Do not leave any Part blank.
- ❑ **INCOME VERIFICATION:** You must provide information regarding income for every member of your household.

**If employed:** Pay stubs covering the last thirty (30) days or letter from employer indicating proof of employment, number of hours and wages (i.e. **gross pay**).

**If unemployed:** A copy of the letter of eligibility from the NY State Department of Labor AND most recent unemployment printout.

**If self-employed:** A copy of the income tax return for the past calendar year OR copies of the books and records of the business showing income and expenses during the last thirty (30) days.

**If receiving Public Assistance:** A copy of a current eligibility statement.

**If receiving Social Security, SSI, SSD or Worker's Compensation:** A copy of a letter of eligibility AND a copy of a recent SS, SSI, SSD, or Worker's Compensation check stub.

**If you currently do not have an income:** You must indicate how you are living without any source of income. *If you are living with anyone that is providing for you, you must list their name and income, provide documentation of their income, and return a signed statement from the individual providing you with food, shelter, transportation, and any other needs.* If you or anyone in the household is receiving any assistance, you must include copies of the eligibility letters. If you are a student, please indicate whether you are a part-time or full-time student on the application and explain how you are meeting your needs.

**Return completed application to: St. Lawrence County Office of Indigent Defense  
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**APPLICATION FOR ATTORNEY SERVICES  
(CRIMINAL COURT)  
(Revised 10/02/2013)**

**PART 1: IDENTIFICATION:**

NAME OF CLIENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX-\_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_  
SPOUSE'S ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**YOUR FAILURE TO NOTIFY YOUR ATTORNEY'S OFFICE OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER MAY RESULT IN TERMINATION OF OUR REPRESENTATION OF YOU.**

Employment: \_\_\_\_\_  
Employer's Name                      Employer's Address                      Position/Title                      Weekly Salary

Bank Account: \_\_\_\_\_  
Name of Bank                      Type                      Amount

Property owned: \_\_\_\_\_  
Address                      Mortgage (yes or no)                      Value                      Amount still owed

Vehicle owned: \_\_\_\_\_  
Year                      Model                      Value                      Amount still owed

Other Assets owned (provide details): \_\_\_\_\_

**PART 2. REPRESENTATION:**

COURT WHERE CHARGES ARE PENDING: \_\_\_\_\_ JUDGE: \_\_\_\_\_  
CHARGES: (WHAT ARE YOU GOING TO COURT FOR) \_\_\_\_\_  
\_\_\_\_\_

NEXT COURT DATE AND TIME: \_\_\_\_\_ DATE OF ARREST: \_\_\_\_\_

ARE YOU IN JAIL: \_\_\_\_\_ DATE PUT IN JAIL: \_\_\_\_\_ ROR/RUS: \_\_\_\_\_

HAVE YOU BEEN RELEASED ON BAIL: \_\_\_\_\_ AMOUNT OF BAIL: \_\_\_\_\_

HOW WAS BAIL POSTED: \_\_\_\_\_  
*(Give name and address of person who furnished the cash or collateral for your bail bond.)*

HAVE YOU TRIED TO HIRE AN ATTORNEY: \_\_\_\_\_ WHO: \_\_\_\_\_  
DO YOU PRESENTLY HAVE AN ATTORNEY FOR OTHER CASES: \_\_\_\_\_ WHO \_\_\_\_\_

**PART 3. CONFLICTS:**

WAS ANYONE ELSE CHARGED WITH YOU: \_\_\_\_\_ IF YES NAME(S): \_\_\_\_\_

WHO IS THE PERSON(S) THAT FILED THE CHARGES AGAINST YOU: \_\_\_\_\_

DO YOU HAVE ANY CHARGES OR CASES PENDING IN ANY COURT: (INCLUDING FAMILY COURT:) IF YES LIST YOUR DATES, CHARGES, COURTS, ETC. IF FAMILY COURT CASE PENDING, WHO IS THE OTHER PARTY:

**PART 4. HOUSEHOLD**

LIST ALL MEMBERS OF CLIENT'S HOUSEHOLD (including all dependents):

#	NAME	RELATIONSHIP TO CLIENT	AGE	EMPLOYED? YES OR NO? IF YES, YOU MUST PROVIDE COPY OF RECENT PAY STUB	EMPLOYMENT INCOME
1	Client	N/A			
2					
3					
4					
5					

**PART 5. INCOME**

NON-EMPLOYMENT HOUSEHOLD INCOME: (include ALL members of household)	AMOUNT		Week, Month, Year, etc.
Public Assistance (Welfare)	\$	Per	
Food Stamps	\$	Per	
Unemployment Insurance Benefits	\$	Per	
Pensions	\$	Per	
SSI/SSD	\$	Per	
Disability Benefits	\$	Per	
Child Support <u>Received</u> : List children:			
1. _____ age _____	\$	Per	
2. _____ age _____	\$	Per	
3. _____ age _____	\$	Per	
4. _____ age _____	\$	Per	
Spousal Maintenance (Alimony) <u>Received</u>	\$	Per	
Money Gifts:	\$	Per	
Other income, specify type:			
1. _____			
2. _____			
3. _____			

## PART 6: EXPENSES

### HOUSEHOLD EXPENSES ACTUALLY PAID

PAYMENT	AMOUNT		Week, month, year, etc
Insurance, specify type: 1. _____ 2. _____	1. \$ _____ 2. \$ _____	Per	1. _____ 2. _____
Loan, specify type: 1. _____ 2. _____	1. \$ _____ 2. \$ _____	Per	1. _____ 2. _____
Child Support <u>Payments</u> : List children: 1. _____ age _____ 2. _____ age _____ 3. _____ age _____ 4. _____ age _____	\$ _____ \$ _____ \$ _____ \$ _____	Per Per Per Per	
Spousal Maintenance (alimony) <u>PAYMENTS</u> :	\$ _____	Per	
Day Care	\$ _____	Per	
Other Expenses, specify 1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	Per Per Per Per	

PLEASE DESCRIBE ANY OTHER HARDSHIP CIRCUMSTANCES YOU REQUEST THE OFFICE OF INDIGENT DEFENSE TO CONSIDER IN EVALUATING YOUR APPLICATION:

**IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION,  
PLEASE CALL 379-2401 FOR ASSISTANCE. (FAX 379-0401)**

Is there any other person(s) who claims you as a dependent on their State or Federal taxes?  Yes  No

Is the income listed on this application your only source of income?  Yes  No

Are the bills listed true to the best of your knowledge?  Yes  No

Have you ever been represented by any other attorney in this matter?  Yes  No

**REPAYMENT**

- ❖ If you were unemployed and obtain employment OR if you get a higher paying job, please contact Faith St.Hilaire at the Office of Indigent Defense at 379-2401.

You may be asked to repay St. Lawrence County for legal services you receive. If this is necessary, you will be contacted by Faith St. Hilaire or the Judge.

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When signing this application you are making a sworn statement that the information in the application is true and accurate.

By signing this, you are authorizing the Office of Indigent Defense to verify the facts on your application and authorizing any agency to release this information to the Office of Indigent Defense.

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (PL Sec.210.45).

Affirmed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Applicant's Signature

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