

- Public Defender
- Conflict Defender
- 18-B Assigned Counsel

File No. _____

Schenectady County Indigent Defense Programs
Client Eligibility Form

Court date _____

Name: _____ Social Security # ____ - ____ - _____ **Male / Female**
 Address: _____ E-Mail Address: _____
 City: _____ State: ____ Zip: _____ Date of Birth: ____/____/____
 Phone: (Home) (____) _____ (Cell) (____) _____ (Work) (____) _____

Check here if you are a United States Veteran

Court Information

Other party _____
 Court: (____)City (____)County (____)Family (____)Town: _____ Judge/SM: _____

Employment Information

What is your employment status? (____)Full-Time (____)Part-Time (____)Unemployed (____)Student
 Name and Address of Employer/School: _____

How long have you been employed/attended classes there? _____
 How much do you earn? \$ _____ (____) Weekly (____) Bi-weekly (____) Semi-Monthly (____) Monthly
 If unemployed, when was the last time you worked? _____
 Who was your previous employer? _____

How are you currently supporting yourself? _____

Family Information

Marital Status: (____)Single (____)Married (____)Separated (____)Divorced (____)Widowed

If Married, Spouse's Name: _____
 Employer: _____

Please indicate the number of people in your household (include yourself & spouse): _____

List **ALL** members of the household currently **earning less than \$15,075** (continue on separate sheet if necessary):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If under 21, Father's Name: _____ Mother's Name _____
 Address: _____ Address: _____

 Telephone: (____) _____ Telephone: (____) _____

By checking here, I consent to receiving my temporary and/or final orders by the e-mail given above.

(OVER - Please fill out both sides)

Financial Information

<u>Income per Month</u>	<u>Amount</u>	<u>Income per Month</u>	<u>Amount</u>
Employment	\$ _____	Spouse's Employment	\$ _____
Unemployment Benefits	\$ _____	Worker's Compensation	\$ _____
Disability Payments	\$ _____	Social Security/SSI	\$ _____
Retirement Benefits	\$ _____	Child Support Received	\$ _____
Other: _____	\$ _____	Total Income (per month)	\$ _____
			Child Support Paid - \$ _____

Property Information

<u>Type</u>	<u>Value</u>	<u>Amount Owed</u>
Real Estate	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Recreational Vehicles	\$ _____	\$ _____
Stocks/Bonds	\$ _____	N/A
Checking & Savings Accounts	\$ _____	N/A
Cash on hand	\$ _____	N/A
Other: _____	\$ _____	\$ _____

The undersigned hereby authorizes the County of Schenectady to verify the information contained in my application and to obtain copies of any records pertaining to the same.

The undersigned, as an applicant for the provision of counsel by the County of Schenectady, without charge, does hereby affirm that the foregoing statements in my application are true, under penalty of perjury.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW

Applicant's Signature

Date

FOR OFFICE USE ONLY

The application for Counsel has been:

- Approved
- Denied (check reason for denial)
 - A. Not Indigent
 - B. Incomplete Information
 - C. Other: _____
- Ordered by the court

Initials _____