

OFFICIAL USE ONLY

Court Number _____
Scheduled Date _____
Proceeding _____

Judge/HE _____
Petitioner _____
Respondent _____

Date Received _____
Date Assigned/Denied _____
All Verification In _____

**TOMPKINS COUNTY ASSIGNED COUNSEL PROGRAM
APPLICATION AFFIDAVIT**

Phone Number (607) 272-7487, Fax Number (607) 272-7489

DIRECTIONS: Answer ALL questions as directed. Failure to do so may delay the decision on this application.

I, _____, being duly sworn, state that I am financially unable to employ an attorney to represent me in the Court proceeding listed below. I am giving this information to help the Court determine my eligibility for a Court appointed attorney.

PERSONAL INFORMATION INFORMATION ON THE CLIENT ONLY

1. Name: _____ Date of Birth: _____

Address: _____
Street Town State Zip

Telephone: Home _____ Contact (Day): _____ (name)

2. Marital Status: (Check one) Social Security No: _____
Single _____ Married _____ Married but separated _____ Divorced _____ Widowed _____

If currently Married, Spouses Full Name: _____

3. Number of dependents living WITH you: Spouse _____ Children _____

4. Number of dependents NOT living with you: Spouse _____ Children _____

COURT AND PROCEEDING/CHARGE YOU ARE RESPONSIBLE TO GET US THIS INFORMATION

5. The charge(s) or type of proceeding(s) for which you request an attorney is _____

6. The Court that will hear your case is _____ Return Date _____

7. The Judge, (if known) is _____ Time _____

INCOME

Amount

YOU ARE RESPONSIBLE TO PROVIDE US WITH VERIFICATION OF ALL HOUSEHOLD INCOME:
(2 current pay stubs, statements from SSI, VA, Pension, verification of student status, bank statements, etc.)
IF AT ANY TIME DURING THIS PROCEEDING YOUR INCOME CHANGES, YOU MUST NOTIFY THE ASSIGNED COUNSEL OFFICE IMMEDIATELY.

8. Welfare grants (AFDC or HR) to family per month are: \$ _____ () none

9. Supplemental Security Income (gold checks) to or for YOU only per month are: _____ () none

10. Pension __, VA __, Social Security __, to family per month are: _____ () none

11. Unemployment benefits to family per month are: _____ () none

12. Present Net Pay (Gross minus taxes only) pay from work, including self-employment casual work, or odd jobs (per week __, every two weeks __, per month __). _____ () none

13. Spouse's present Net Pay from work, including self-employment, casual work or odd jobs (per week __, every two weeks __, per month __). _____ () none

14. Other income (specify source) _____ () none

15. TOTAL MONTHLY INCOME _____ () none

16. If no income, how do you support yourself?

IF YOU RECEIVE AFDC, HR OR SSI (gold checks), YOU DO NOT HAVE TO COMPLETE THE REMAINDER OF THIS APPLICATION. YOU MUST SIGN THE OATH AND THE PERMISSION TO RELEASE INFORMATION ON THE LAST PAGE. Also, please see line 50 if you would like to request an attorney.

ASSETS

17. Cash on hand, in bank accounts, or being held for you \$ _____ () none
18. Family interest in land, house or buildings (estimate value less amount owed) _____ () none
19. Family interest in trailer (estimate value less amount owed) _____ () none
20. Value of stocks, bonds or notes or insurance policies _____ () none
21. List the source and value of all expected income (including tax refunds, debts owed to you, law suits, etc.)
for _____ () none
for _____ () none
for _____ () none
22. List the make, model, year and present value (less amount owed) for ALL automobiles, trucks, motorcycles, snowmobiles, campers, boats and ATV's that you and your spouse own
for _____ () none
for _____ () none
for _____ () none
for _____ () none
23. Estimated value of all collections (stamps, coins, comics, baseball cards, antiques, jewelry, etc.) _____ () none
24. TOTAL VALUE OF ASSETS _____ () none

EMPLOYMENT

25. Occupation (if student, give school and name and address of person(s) who are contributing to your education. _____
26. Name, address and telephone number of present employer (indicate none if unemployed). _____
27. If not currently working, give date of last employment, name and address of last employer. _____
28. Spouse's occupation (if student, give school and name and address of person (s) who are contributing to their education. _____
29. Name, address and telephone number of Spouse's present employer (indicate none if unemployed). _____
30. If spouse is not currently working, give date of last employment, name and address of last employer. _____

FINANCIAL OBLIGATION

		Amount	If Behind How Much?
31.	Rent or mortgage payments per month	\$ _____ () none	_____
32.	Food per month	_____ () none	_____
33.	Utilities per month	_____ () none	_____
34.	Heating fuel per month (total year divide by 12 months)	_____ () none	_____
35.	Child support and/or alimony per month	_____ () none	_____
36.	Medical bills and/or medical insurance bill per month	_____ () none	_____
37.	Child Care expenses	_____ () none	_____
38.	Cooking fuel per month	_____ () none	_____
39.	Car payments per month	_____ () none	_____
40.	Gas/Transportation per month	_____ () none	_____
41.	Laundry per month	_____ () none	_____
42.	Sewer and water per month	_____ () none	_____
43.	School lunches and supplies per month	_____ () none	_____
44.	Union dues	_____ () none	_____
45.	Car and Life Insurance payments: month ___ annual ___	_____ () none	_____
46.	Other payments of any kind per month:		
	for _____	_____ () none	_____
	for _____	_____ () none	_____
	for _____	_____ () none	_____
	for _____	_____ () none	_____
47.	TOTAL OF MONTHLY FINANCIAL OBLIGATIONS	_____ () none	_____
48.	How many people do these expenses cover (including yourself)?		_____
49.	Have you been represented by an Attorney in the past? If so, Who?		_____
50.	Requested Attorney		_____

Check box if requesting an attorney trained in Collaborative Law

UNDER THE PENALTY OF PERJURY, I declare that I have examined the above statements made by me and to the best of my knowledge and belief, they are true and correct. I hereby authorize the Court, or its representative, to verify the answers given to this affidavit.

In order to verify my answers, I hereby grant permission to the Department of Social Services, the Social Security Administration and to any banks, credit institutions, or other lending institutions to release information regarding the information contained herein to the Tompkins County Assigned Counsel Program Administration Office.

If an attorney is assigned to you, you may be required to repay the County for all or part of the cost of your defense.

Signature Date

Subscribed and sworn to before me this _____
Day of _____, 20 ____.

OFFICIAL USE ONLY: Assigned Counsel Program Staff, Judge/Justice, Court Clerks and OAR Staff.

WITNESS:

Signature Date

BRING IN OR MAIL THE APPLICATION TO:
Assigned Counsel Program
Center Ithaca Box 149
Suite 223, 171 E. State St.
Ithaca, NY 14850