

ONTARIO COUNTY

APPLICATION FOR ASSIGNMENT OF COUNSEL UNDER COUNTY LAW, ARTICLE 18-B

Assigned Counsel Program
Ontario County Conflict Defender's Office
3010 County Complex Drive, Canandaigua, NY 14424
Tele: 585-396-4284 / Fax: 585-396-4292
www.co.ontario.ny.us

Scan and Return Form to:
ConflictDefender@ontariocountyny.gov

Today's Date: _____ File # on Petition or Summons _____

Date and time of court appearance: _____ @ _____

Name of Judge you will appear before: _____

~ CONFIDENTIAL ~ PERSONAL INFORMATION

Your Name: _____

Social Security Number _____ DOB: Mo _____ / Day _____ / Yr _____

List any other names you have used: _____

Your Address: _____ Telephone #: _____

City/State/Zip: _____ Alt telephone#: _____

Email Address: _____

Names of financial dependents in your household that you support financially: (attach an additional sheet if necessary)

1) _____ Age _____ 3) _____ Age _____ 5) _____ Age _____

2) _____ Age _____ 4) _____ Age _____ 6) _____ Age _____

CURRENT CASE INFORMATION

Are you the Petitioner OR Respondent named in the Petition? (please check one)

Name of other party: _____

Your relationship to the child(ren) named in the petition (if applicable): Mother Father Other _____
(specify relationship)

Court action for: Custody Visitation Family Offense (Order of Protection)
Custody Modification Visitation Modification Violation Court Order
Neglect and/or Abuse Other _____

PREVIOUS REPRESENTATION

Have you been assigned an attorney before? Yes No

Name of attorney: _____ Your previous attorney may be reassigned, is this ok? Y N

EMPLOYMENT/INCOME

Are you employed? YES NO Send a copy of your most recent PAYSTUB

Employer Name: _____

Amount Of Net (Take-Home) Pay: \$ _____ per Week Bi-weekly Month Annual (check ONE)

Are you receiving unemployment benefits? Yes No **If yes, amount: \$ _____ per wk mo**

1) Are you currently receiving need-based **public assistance?** Yes No
(including but not limited to **Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), or Public Housing assistance**)

2) Are you currently receiving **Food Stamps?** Yes No

3) Do you (or any household member) receive **SSI or SSD?** YES-Monthly amount \$ _____ OR NO

PLEASE SEE PAGE TWO

PART II

OTHER FORMS OF INCOME

Do you currently receive **pension, annuity, or retirement** payments? YES Amount \$ _____ OR NO

Do you currently receive income from **owned real estate** ? YES Amount \$ _____ OR NO

List other sources and amount of income you receive (do not include child support or need-based public assistance)

_____ Amount \$ _____

_____ Amount \$ _____

IF NO INCOME, how do you support yourself ? _____

ASSETS

1) Do you have a savings and/or checking account? YES **Approximate amount in account** \$ _____ OR NO

2) Do you own any real estate? YES **If yes**, is it a house, condo, land, etc? _____ OR NO

Address of property: _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

3) List any vehicles owned **not necessary for basic life activities**: _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

4) List value of all stocks or bonds in applicant's name: _____

EXPENSES

MONTHLY LIVING EXPENSES					
Mortgage or rent payment	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Day Care	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Spousal Support/Alimony	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Utilities (electric, gas)	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Cable/Internet	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Vehicle Loans	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Auto Insurance	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Phone/Cell Phone	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Reoccurring Medical Bills	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
Other expenses (describe below)	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly
	-	\$		<input type="checkbox"/> monthly	<input type="checkbox"/> weekly

Signature: _____ **Date:** _____

FOR SCREENER

Income based on information provided: \$ _____

No. of dependents listed: _____

Eligible under new income guidelines? Y N \$ _____

Within the past 6 months, has the applicant been found eligible for assigned counsel in another Family Court case? Y N

If not eligible, state why: _____ Ineligible letter sent? _____

Is the applicant currently incarcerated, detained, or confined to a mental health facility? Y N