

CONFIDENTIAL - STATE OF NEW YORK – COUNTY OF ESSEX APPLICATION FOR COUNSEL  
CRIMINAL/FAMILY COURT

Return completed and signed application to:  
Essex County Assigned Counsel Office  
PO Box 217, Elizabethtown, New York 12932  
Phone: (518) 873-3511  
Fax: (518) 873-3516  
Email: assignedcounsel@essexcountyny.gov

**APPLICANT INFORMATION**

Full Name:

Date of birth:

SSN:

Home Phone:

Cell Phone:

Current address (include mailing address):

Email Address:

City:

State:

ZIP Code:

Marital Status:

Were you born in the US?  Yes  No

Number of Financial Dependents in Household (list all, including minors, elderly or disabled):

**CURRENT CRIMINAL/FAMILY CASE INFORMATION**

**Court - Criminal or Family:**

**Judge:**

Arrest Date:

Arraignment Date:

**Charges or Family Court Case Type(s):**

**Next Court Date:**

Alleged Co-Defendant(s):

Alleged Witness(es):

Alleged Victim(s):

**EMPLOYMENT INFORMATION**

Occupation/Source of Income (if student, indicate the school attending; if self-employed, describe what type of work you do):

Current Employer - Name and Address:

Net Pay (Take Home) \$ \_\_\_\_\_ per (circle one) week / bi-weekly / month / year

**OTHER CIRCUMSTANCES (circle one)**

1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility? Yes No
2. Is applicant currently receiving, deemed eligible, or pending receipt of need-based Public Assistance? Yes No
3. Has applicant been deemed eligible for assigned counsel in the past six (6) months? Yes No

**SIGNATURE OF APPLICANT**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT STOP HERE. AWAIT FURTHER INSTRUCTIONS.**

**APPLICATION FOR COUNSEL – PART II**

**OTHER INCOME (DOCUMENTATION MAY BE REQUIRED)**

Do you receive a pension, annuity or retirement payments? \_\_\_\_\_ Yes \_\_\_ No If yes, list amount \$ \_\_\_\_\_

Do you currently receive income from owned real estate? \_\_\_\_\_ Yes \_\_\_ No If yes, list amount \$ \_\_\_\_\_

List other sources of income you receive (do not include child support or public assistance):

1.

2.

**ASSETS (BANK STATEMENT/DOCUMENTATION MAY BE REQUIRED)**

List amount in the following bank accounts: Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Do you own real estate? \_\_\_ Yes \_\_\_ No If yes, list/estimate market value and amount owed for each property below:

1. Primary Residence Exception (apply here): Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

2.

3.

List any vehicles owned **not necessary** for basic life activities: (For example – Cars, Boats, RV’s, ATV’s, Snowmobiles, Motorcycles)

1. Vehicles: Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

2. Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

3. Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

List value of Stocks and Bonds:

1. Estimate Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

2. Estimate Market Value \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

**MONTHLY LIVING EXPENSES (DOCUMENTATION MAY BE REQUIRED)**

Food \$ \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_ Utilities/Home Fuel \$ \_\_\_\_\_ Cable/Phone \$ \_\_\_\_\_

Transportation/Auto Expenses: Payment \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_ Child Support Paid Out \$ \_\_\_\_\_ Alimony/Maintenance Paid Out \$ \_\_\_\_\_

Medical Expenses: Health Ins. \$ \_\_\_\_\_ Co-Pays \$ \_\_\_\_\_ Medication \$ \_\_\_\_\_ Debts \$ \_\_\_\_\_

List other expenses. Include employment-related expenses, school loans/fees/tuition, minimum monthly credit card payments, unreimbursed medical expenses, expenses related to age or disability:

1.

2.

3.

Total Monthly Expenses \$ \_\_\_\_\_

**SIGNATURE OF APPLICANT**

**Read and sign below. I understand that verification of the information provided above may be required.**

Signature: \_\_\_\_\_  
(Applicant)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPLICATION FOR COUNSEL CRIMINAL/FAMILY COURT**

Essex County Assigned Counsel Office  
7551 Court Street, PO Box 217  
Elizabethtown, New York 12932  
Phone: (518) 873-3511  
Fax: (518) 873-3516  
Email: [assignedcounsel@essexcountyny.gov](mailto:assignedcounsel@essexcountyny.gov)

### **You may submit your application by:**

1. Apply in person by visiting the Assigned Counsel Office anytime between the hours of 9:00 AM and 3:00 PM
2. Email the completed application to [assignedcounsel@essexcountyny.gov](mailto:assignedcounsel@essexcountyny.gov)
3. Fax the completed application to (518) 873-3516
4. Mail the completed application to the address above

Along with your Application, you are encouraged to provide the following information to assist us in determining your eligibility for assignment of counsel:

- Family Court Summons or Petitions (you may obtain a copy from the Court)
- Charges, Complaints, Summonses, Tickets, Supporting Depositions and/or Statements
- Identification: (Driver's license, DMV I.D., Social Security card, Military I.D., Learner's Permit, Medicaid Card, Passport, Green Card or Government issued I.D.)

Applicants may contact our office at [assignedcounsel@essexcountyny.gov](mailto:assignedcounsel@essexcountyny.gov) for requests to be contacted and any questions regarding applications.