



## APPLICATION FOR LEGAL REPRESENTATION

Submit this completed application along with all requested documentation to:

### **Cortland County Office of Assigned Counsel**

Lenore M. LeFevre, Esq., Administrator

[LLeFevre@cortland-co.org](mailto:LLeFevre@cortland-co.org)

Donna Johnson, Secretary to Administrator

[DJohnson@cortland-co.org](mailto:DJohnson@cortland-co.org)

Cortland County Office Building – Suite B5  
60 Central Avenue, Cortland, New York 13045  
Phone: (607) 428-5459 / Fax (607) 428-5458

Office Hours: 8:30 a.m. to 4:30 p.m. Monday through Friday.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Maiden Name or any other name used: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address:

(if different) \_\_\_\_\_ Message Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PLEASE ATTACH YOUR COURT PAPERS** CIRCLE your Court: CITY COURT FAMILY COURT

CORTLANDVILLE HOMER VIRGIL WILLET CINCINNATUS COUNTY COURT

CUYLER FREETOWN HARFORD LAPEER MARATHON PREBLE

TAYLOR TRUXTON PAROLE

**Next Court Date & Time:** \_\_\_\_\_

Please list **ALL** lawyers who have represented you in this or other cases: \_\_\_\_\_

For FAMILY COURT, what type of case are you going to court for? \_\_\_\_\_

For CRIMINAL CASES, please list all charges: \_\_\_\_\_

For CRIMINAL CASES, please list any Co-Defendants: \_\_\_\_\_

**HOUSEHOLD & EMPLOYMENT INFORMATION: PLEASE ATTACH PAYSTUBS**

Please list ALL members of the household starting with yourself (include EVERYONE who lives with you):

#	NAME	RELATIONSHIP TO APPLICANT	AGE	EMPLOYED	EMPLOYMENT INCOME (NET PAY) - WEEKLY
1		Self		<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
2				<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
3				<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
4				<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
5				<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
6				<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$

Please list all employers for household members listed above (if applicable):

Employer Name:                      Address:                                      Position/Title:                                      Pay rate/# hours per week

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**INCOME & ASSETS: PLEASE ATTACH DSS BUDGET SHEET OR OTHER INCOME VERIFICATION**

***** Include information for ALL household members. ***** (attach additional sheets if necessary)		
		Amount (per week)
Employment not listed above (odd jobs, casual work, etc.) Type:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
Public Assistance (Welfare)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
Food Stamps (SNAP)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
Social Security (SSI/SSD)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$
Unemployment Insurance Benefits	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$

Disability and/or Worker's Comp	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$ _____
Pension and/or Retirement	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$ _____
Child Support (amount you RECEIVE)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$ _____
Spousal Support (amount you RECEIVE)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$ _____
Other Income, please specify: 1. _____ 2. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No	\$ _____ \$ _____
<b>ASSETS:</b>		
Do you own a Vehicle? Year: _____ Make/Model: _____	Approx. Value \$ _____	Amount owed: \$ _____
Do you own a House or real estate? Address: _____	Approx. Value \$ _____	Amount Owed: \$ _____
Cash on hand, in bank accounts, or being held for you	Amt. \$ _____	
Stocks, bonds, pension, 401k and/or insurance policies	Cash Value \$ _____	
Ownership or interest in a business: (attach tax return) _____	Approx. Value \$ _____	
Other Assets (motorcycles, ATV's, campers, boats, etc.) 1. _____ 2. _____ 3. _____	Approx. Value \$ _____ \$ _____ \$ _____	Amount Owed: \$ _____ \$ _____ \$ _____

If you have no income, explain how you support yourself? \_\_\_\_\_

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**AFFIRMATION & SIGNATURE**

I hereby affirm, under penalties of perjury, that the information contained herein is true and correct. I authorize release of information provided herein to the Cortland County Assigned Counsel Office, my assigned attorney, the Court, the County of Cortland, or their designated agents. I understand that this information may be investigated, and that the information provided may be used to obtain payment of any fees ordered to be paid by me, or on my behalf, for representation. INTENTIONALLY GIVING FALSE INFORMATION ON THIS APPLICATION CONSTITUTES PERJURY. ANY EVIDENCE OF AN INTENTIONAL MISSTATEMENT REGARDING APPLICANT’S FINANCIAL ELIGIBILITY WILL BE PRESENTED TO THE DISTRICT ATTORNEY AND PROSECUTED ACCORDINGLY.

I have read and understand the above notice: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Applicant’s Signature) (Date)

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**NOTICE CONCERNING PAYMENT OF ATTORNEY’S FEES TO THE COUNTY**

If you are on Public Assistance, receiving another form of government subsidy or payment, or simply a citizen earning a low-wage or income, you **may** be found eligible for Assigned Counsel services. However, if you become employed at a higher rate or salary during the time your case is pending, the County may seek reimbursement for attorney fees. It is the practice of this office to continue legal service and seek a judgment for attorney’s fees in a reasonable amount. You will be asked to consent to the amount to be paid. If you refuse consent, a motion will be made to the Judge asking him/her to fix a reasonable amount for attorney’s fees or, alternatively, withdrawal from the case.

**THIS OFFICE MUST BE NOTIFIED IMMEDIATELY IF YOUR EMPLOYMENT STATUS OR INCOME CHANGES.**