

APPLICATION FOR LEGAL REPRESENTATION
CORTLAND COUNTY OFFICE OF ASSIGNED COUNSEL

Cortland County Office Building – Suite B2, 60 Central Avenue
Cortland, New York 13045 Phone: (607) 428-5459 / Fax (607) 428-5458



April 2022

If submitting your application via email, please send it to: ACP@cortland-co.org

ALL INFORMATION IS CONFIDENTIAL:

Applicant Name: _____ Social Security #: _____ - _____ - _____

Applicant Formerly Known as or Other Names: _____

Active phone: (_____) _____ - _____ E-Mail: _____ D.O.B.: _____

Address: _____ City/State/Zip: _____

Mailing Address:
(if different) _____ Active Phone: (_____) _____ - _____

Name of Court: _____ Please Check one: Criminal Family

Next Court Date and Time of Appearance: _____

Criminal Charges: _____

Co-Defendants/Witnesses: _____

MUST HAVE FOR FAMILY COURT: FILE#: _____ DOCKET #: _____

Previous or current public defenders or assigned counsel: _____

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

NOTICE

WE ENCOURAGE YOU TO INCLUDE PAPERS/CHARGES

EMPLOYMENT INFORMATION (ALL INFORMATION IS CONFIDENTIAL):

Please state the # of financial dependents in household? Adults: _____; Children Under 21: _____.

INCOME:

Place of Employment: _____

Net Household Income from Employment: \$ _____ per month

Social Security Disability Income (SSDI); other disability income: \$ _____ per month

Spousal support, Maintenance/Alimony (do not include Child Support): \$ _____ per _____

Unemployment Insurance Benefits: \$ _____ per week

Worker's Comp: \$ _____ per week

Veteran's Benefits, Pension and/or Retirement: \$ _____ per month

Other income (specify: _____): \$ _____ per _____

Please list if you receive any of the following types of Income. Please note that this income may not be included when assessing assigned counsel eligibility:

Public Assistance, SSI/SSP (need based Social Security): \$ _____ per month

Food Stamps: \$ _____ per month

Child Support: \$ _____ per _____

Other Need Based Income or Subsidy: \$ _____ per _____

ASSETS:

Do you own more than one vehicle (list all vehicles including recreational) that is not needed for daily life activities?

YES/NO: _____

If YES, please provide the following:

Make & Model: _____ Value: \$ _____ Amount Owed: \$ _____

Make & Model: _____ Value: \$ _____ Amount Owed: \$ _____

Do you own a house or real estate? YES or NO: _____

If YES, please provide the following:

Check if Primary Residence:

Address: _____ Value: \$ _____ Amount Owed: \$ _____

Address: _____ Value: \$ _____ Amount Owed: \$ _____

Amount of cash on hand or in bank accounts: \$ _____

Retirement accounts (401k, IRA's), pensions: Value: \$ _____

Other assets: (stocks, bonds, etc.): _____ Value: \$ _____

_____ Value: \$ _____

EXPENSES/LIABILITIES:

Mortgage/Rent: \$ _____ per month

Utilities: \$ _____ per month

Child Care: \$ _____ per month

Health insurance premiums or medical bills paid: \$ _____ per month

Child support/alimony actually paid: \$ _____ per month

Credit Card Debt: \$ _____ per month

Student loans: \$ _____ per month

Other expenses (list all): _____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

SIGNATURE OF APPLICANT

(Applicant's Signature)

____/____/____
(Date)

<i>Office Use Only</i>	<u>Presumptive Circumstances:</u>	<i>Office Use Only</i>
1. Is the applicants' net income below or at 250% of the FPG?		YES/NO: _____
2. Is the applicant incarcerated, detained, or confined to a mental health facility?		YES/NO: _____
3. Is the applicant currently eligible to receive need-based public assistance?		YES/NO: _____
4. Within the last six-months has the applicant been found eligible for ACP/Public Defender/Legal Aide services on any other matter?		YES/NO: _____

Instructions for Court/Screeners: Will the applicant be required to complete Part II?		
<i>Office Use Only</i>	YES/NO: _____	<i>Office Use Only</i>

<i>Office Use Only</i>	<u>FOR COURT SCREENER ONLY:</u>	<i>Office Use Only</i>
Has Bail been set: _____ If "Yes" please indicate amount: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>		

What is the average cost of retaining private counsel in Cortland County for the applicant's charges?

Based upon the information in this application, including the seriousness of the offense, income & expense information, and etc., will the applicant be able to afford the cost of counsel?

YES/NO: _____

ELIGIBILITY

Is the applicant eligible for assigned counsel?

YES/NO: _____

If answering no, state why: _____

<i>Office Use Only</i>		<i>Office Use Only</i>
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