



Cortland County Public Defender Application

APPLICATION'S ACCEPTED: 9:00 a.m. to 1:00 p.m. Monday through Friday

*You must submit **ALL** of the following required information before your application will be processed.*

- € **COMPLETED APPLICATION FORM:** You must answer ALL questions on the application.

- € **COURT PAPERS:** You must submit ALL court papers concerning your case. If you do not have your court papers, it is *YOUR* responsibility to go to the court(s) to get them.

- € **INCOME VERIFICATION:** You **MUST** provide information regarding income for every member of your household, even if they are not related to you.
 - € **EMPLOYED:** Pay stubs covering the last 30 days or a letter from your employer with proof of your employment including hours and wages.

 - € **UNEMPLOYED:** A copy of the letter of eligibility from the NY State Department of Labor AND a copy of your most recent unemployment check.

 - € **SELF-EMPLOYED:** A copy of the income tax return for the past calendar year OR copies of the books and records of the business showing income and expenses during the last 30 days.

- € **If receiving PUBLIC ASSISTANCE/FOOD STAMPS:**
A copy of a current eligibility statement and a budget sheet.

- € **If receiving Social Security, SSI, SSD or Worker's Compensation:**
A copy of a letter of eligibility or a copy of a bank statement.

Cortland County Public Defender

Cortland County Office Building
60 Central Avenue
Cortland, NY 13045
Phone: (607) 753-5046
Fax: (607) 753-0781

PART 1: IDENTIFICATION

Name of Client: _____ Date of Birth: ____/____/____

Address: _____ Social Security #: ____ - ____ - ____

_____ Home Phone: (____) ____ - ____

City: _____ State: _____ Zip Code: _____ Message Phone: (____) ____ - ____

Email: _____

YOUR FAILURE TO NOTIFY THE PUBLIC DEFENDER'S OFFICE OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER MAY RESULT IN TERMINATION OF OUR REPRESENTATION OF YOU

Employment: _____
Employer's Name Employer's Address Position/Title # of hours per week

Property Owned: _____
Address Mortgage (Yes or No) Value Amount still owed

Vehicle Owned: _____
Year Model Value Amount still owed

Details of Other Assets Owned: _____

PART 2: REPRESENTATION

Please List your Court: _____ Next Court Date and Time: _____

What you are going to court for: _____

Please list lawyers who have represented you in this case: _____

PART 3: HOUSEHOLD

Please list ALL members of the client's household. (Including ALL dependents.):

	NAME	RELATIONSHIP TO THE CLIENT	DATE Of BIRTH	EMPLOYED	EMPLOYMENT INCOME (GROSS PAY) WEEKLY
1	(Client)	N/A		€Yes €No	\$
2				€Yes €No	\$
3				€Yes €No	\$
4				€Yes €No	\$
5				€Yes €No	\$
6				€Yes €No	\$
7				€Yes €No	\$
8				€Yes €No	\$

PART 4: INCOME

NON-EMPLOYMENT (include ALL members of the household)	AMOUNT	WEEKLY
Public Assistance (Welfare)	\$	
Food Stamps	\$	
Unemployment Insurance Benefits	\$	
Pensions	\$	
SSI/SSD	\$	
Disability Benefits	\$	
Child Support Received	\$	
Other income, please specify	\$	

If you have no income or benefits, how do you support yourself? Please write legibly: _____

PART 5: EXPENSES

PAYMENT	AMOUNT	WEEKLY
School Loan €Yes €No	\$	
Child Support You Pay	\$	
Other Expenses (Please specify)	\$	
Other		

Please describe any other hardship circumstances you request the Public Defender's Office to consider in evaluating your application:

By submitting this application to the Cortland County Public Defender's Office, you are requesting that an attorney be provided at the County's expense, and you are authorizing the County of Cortland to investigate the truth of the statements contained herein, and to verify any information given by you. This is a legal document. The consequence for falsifying and/or lying, by error or omission, in this form is a punishable offense.

Applicant's Signature

Date

NOTICE CONCERNING PAYMENT OF ATTORNEY'S FEES TO THE COUNTY

If you are deemed financially ineligible for free Assigned Public Defender representation per our guidelines, the Judge may overrule that determination and assign a lawyer to represent you. However the County may seek reimbursement. It is the practice of this office to provide legal services 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.