



**APPLICATION FOR LEGAL REPRESENTATION**

**Cortland County Office of Assigned Counsel**

Lenore M. LeFevre, Esq., Administrator  
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Donna Johnson, Secretary to Administrator  
[DJohnson@cortland-co.org](mailto:DJohnson@cortland-co.org)

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

Office Hours: Monday through Friday, 8:30 a.m. to 4:30 p.m. (closed for lunch)

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

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

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

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

Mailing Address:  
(if different) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**PLEASE ATTACH YOUR COURT PAPERS**

**CIRCLE your Court:** CINCINNATUS CITY COURT CORTLANDVILLE COUNTY COURT  
CUYLER FAMILY COURT FREETOWN HARFORD HOMER IDV LAPEER  
MARATHON PAROLE PREBLE SCOTT SOLON SUPREME SURROGATE  
TAYLOR TRUXTON VIRGIL WILLET

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

Previous or current public defenders or assigned counsel: \_\_\_\_\_

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: ATTACH YOUR TWO (2) MOST RECENT 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:                      Position:                      Pay Rate/Salary                      Hours per week

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

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

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

Unemployment Insurance Benefits:                      \$\_\_\_\_\_ per week

Worker's Comp:                      \$\_\_\_\_\_ per week

Veteran's Benefits:                      \$\_\_\_\_\_ per month

Pension and/or Retirement:                      \$\_\_\_\_\_ per month

Child Support and/or spousal support (maintenance/alimony):                      \$\_\_\_\_\_ per \_\_\_\_\_

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

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

**ASSETS:**

**Do you own more than one vehicle?** YES or 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:

Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

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

**Ownership or interest in a business:** \_\_\_\_\_

**Other assets:** (motorcycles, ATV's campers, boats, stocks, bonds. etc.)

\_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

**EXPENSES:**

Health insurance premiums paid:      \$ \_\_\_\_\_ per \_\_\_\_\_

Child support/alimony actually paid:      \$ \_\_\_\_\_ per \_\_\_\_\_

Student loans:      \$ \_\_\_\_\_ per month

**CERTIFICATION & SIGNATURE**

I certify that the information provided herein is true and accurate, and I understand that the Assigned Counsel Office and the Court are relying upon the information provided to determine my eligibility for assigned counsel.

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

If I am deemed ineligible for a free attorney and the Court overrides said determination and assigns an attorney to my case, I agree to re-pay the County of Cortland when my case is concluded in the amount of \$60 per hour. The total amount of reimbursement will be based upon the number of hours worked on your case by the attorney.

**I have read and understand the above notices:**

\_\_\_\_\_  
(Applicant’s Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)