

Livingston County
Application for Assignment of Counsel

**YOU MUST FILL OUT EACH SECTION AND SUBMIT THIS FORM WITH YOUR
COURT DOCUMENTS AND PROOF OF INCOME**
(Recent paystub, DSS, SSI/SSD or Unemployment Award Letters)

PART I

Personal Information

Full Name: _____
Male: ___ Female: ___
Date of Birth: _____
Social Security Number: _____
Mailing Address: _____

Phone Number: _____
Are you a U.S. Citizen: _____
Name, relationship, and age of members in
household:

Case Information

Name of Court: _____
Arrest Date: _____
Arraignment Date: _____
Bail: Cash/Bond? \$ _____
Next Court Date: _____
Judge: _____
Charges/Type of Petition: _____

Co-Defendants/Other Parties: _____

1. Are you currently incarcerated? ___ Yes ___ No
2. Do you currently receive Public Assistance? (DSS, food stamps, SNAP, etc) ___ Yes ___ No
3. Have you been found eligible for assigned counsel in another criminal case within the past 6 months? ___ Yes ___ No

Employment

Occupation: (if student, list your school; if self-employed, list nature of employment; if not currently employed, list last time you were employed): _____

Name and Address of current employer: _____

Hourly Wage: \$ _____ Hours per week: _____
Amount of Net (Take-home) Pay: \$ _____ per ___ year ___ month ___ biweekly ___ weekly

PLEASE CONTINUE ON THE REVERSE SIDE

PART II

Other Income

Do you have income from a pension, annuity or retirement? ___ Yes ___ No \$_____ Amount

Do you have income from real estate? ___ Yes ___ No \$_____ Amount

List all other sources and amount of income: _____

Monthly Living Expenses

Food: \$_____ Rent/Mortgage: \$_____ Utilities: \$_____ Child Care: \$_____

Transportation/Car Expenses: \$_____ Child Support: \$_____ Alimony: \$_____

Other monthly expenses (medical bills, educational loans, minimum monthly credit card payment, etc): _____

Signature: _____

Date: _____

RETURN THIS FORM AND PROOF OF INCOME TO:

Livingston County Public Defender
Livingston County Government Center
6 Court Street, Room 109
Geneseo, New York 14454
Phone: (585)243-7028
Fax: (585)243-7193
lcpd@co.livingston.ny.us

FOR PUBLIC DEFENDER USE ONLY

Eligible: Yes No

Approved by: _____

Conflict: _____
