

Tracy L. VanVleck
Commissioner

Cynthia L. Swarthout
Deputy Commissioner

**COUNTY OF SENECA
DIVISION OF HUMAN SERVICES
1 DIPRONIO DRIVE
P.O. BOX 690
WATERLOO, NEW YORK 13165
315-539-1804
1-800-688-7188
Fax: 315-539-1992**



CONFIDENTIAL

State of New York - County of Seneca

**Application For Assignment of Counsel
Under County Law, Article 18-B**

**Answer all questions, to the best of your ability.
Sign and date application where indicated on the bottom
of page four (4)**

**A copy of your last four (4) pay stubs is required as proof of income.
If you are self – employed, you are required to provide a copy of your
last year's tax return.**

Please bring, mail or fax, completed application to:

**Toni F. Smith, Seneca County DHS
P. O. Box 690
1 DiPronio Drive,
Waterloo, New York 13165**

Phone: (315) 539 – 1804 Fax: (315) 539 – 1992

Email: tsmith@co.seneca.ny.us

**If you have any questions or need help filling out this application,
Please call 315-539-1804**

**Application For Assignment of Counsel
Under County Law, Article 18-B**

NAME: _____ D O B: _____

**** To Be Completed By Court ****

CURRENT CASE INFORMATION

Arrest Date _____ Arraignment Date: _____

Docket # (if available): _____

Name of Court: _____

Judge: _____

Charges: _____

Co-Defendants (If Any): _____

Next Scheduled Court Date: _____ Time: _____

Has Bail or Bond Been Set? _____ How Much? _____

ROR _____ Pre-Trial Release _____

PERSONAL INFORMATION

**** To Be completed by Applicant ****

NOTE: FAILURE TO COMPLETE THIS FORM COMPLETELY
MAY RESULT IN DENIAL OF SERVICES

Name: _____

Sex: Male Female

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

Message Number: _____

E-Mail Address: _____

Permanent Mailing Address:

**(DO NOT LIST THE JAIL ADDRESS BE SURE TO PROVIDE FULL STREET, CITY, STATE
AND ZIP CODE)**

Residence Address – if different than mailing address:

FAMILY/DEPENDENT STATUS:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name, Age, & relationship to you, of **ALL** people living in the household
(include minors and adults who are caregivers, elderly, or disabled):

Check Here If You Are In Jail At This Time

Are You currently on Parole Yes _____ No _____

Are You involved in any other legal action(s) or proceedings in any other Court, County or State at this time? **If yes**, what are the charge (s), name of the Court (s) and your attorney, if any? _____

NAME: _____

EMPLOYMENT

Are you Employed: _____ How long Employed _____

Name, address and phone number of Current Employer:

Occupation (if self-employed, indicate and describe the nature of employment if student, indicate the school attending):

Amount of Net (Take-Home) Pay: \$ _____

Per _____ Year _____ Month _____ Bi-Weekly _____ Weekly _____

Income Received (specify weekly or monthly):

Pension / Annuity / Retirement \$ _____

Income from owned real estate \$ _____

Unemployment / Worker's Comp \$ _____

Social Security / Disability \$ _____

Money from other sources \$ _____

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance)

If You show no income at all, please explain how you support yourself:

Other Circumstances

1. Is the applicant currently incarcerated detained or confined to a Mental Health facility?
Yes _____ No _____
2. Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)?
Yes _____ No _____
3. Within past 6 months, has the applicant been found eligible for assigned counsel in another criminal case?
Yes _____ No _____

NAME: _____

PART 2

MONTHLY LIVING EXPENSES

Food:	\$ _____	Rent or Mortgage Payments:	\$ _____
Utilities:	\$ _____	Transportation/Auto Expenses (including Payments & Insurance)	\$ _____
Child Care:	\$ _____	Child Support Paid Out:	\$ _____
Alimony Paid Out:	\$ _____	Medical Bills: (Including Health Insurance, Medications, Medical Debts)	\$ _____

List other expenses: Include employment-related expenses, educational loans & costs, minimum monthly credit card payments, unreimbursed medical expenses, and expenses related to age or disability:

ASSETS

List estimated total amount currently in applicant's bank accounts

Savings Account \$ _____

Checking Account \$ _____

List all real estate applicant owns: _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

Is this your primary residence Yes _____ No _____

List any vehicles applicant owns not necessary for basic life activities:

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

List value of all stocks or bonds in applicant's name (other than retirement account):

Signature of Applicant

Date