

**Michael J. Mirras**  
Public Defender

**Matthew D. Conlon**  
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Assistant Public Defenders

**COUNTY OF SENECA**  
**PUBLIC DEFENDER'S OFFICE**  
**1 DIPRONIO DRIVE**  
**WATERLOO, NEW YORK 13165**  
Phone: (315) 539-1991  
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**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 hand deliver, mail or fax completed application to:**

**Deb Rickerson  
Seneca County Public Defender's Office  
1 DiPronio Drive  
Waterloo, New York 13165**

**Phone: (315) 539-1991 Fax: (315) 539-1992**

**Email: [drickerson@co.seneca.ny.us](mailto:drickerson@co.seneca.ny.us)**

**If you have any questions or need help filling out this application,  
Please call (315) 539-1991**

**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