

YOU MUST ANSWER ALL QUESTION, PRINT CLEARLY, USE INK ONLY
APPLICATION FOR COUNSEL - CRIMINAL COURT

1. Defendant's Name: _____
- Defendant's Social Security Number: _____ Defendant's Age: _____ Defendant's Date of Birth: _____
- Defendant's Address/City/State/Zip: _____
- Defendant's Phone Number(s): Home: _____ Cell: _____ Work: _____
2. What Court: _____ Next Court Date: _____ Time: _____
- What are you charged with? _____
3. Do you have a prior criminal conviction? Y () N (). If you marked **yes**, please explain, if you need additional space, please use a separate piece of paper.

ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE DENIED. NOTE: THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN FOR ANYONE UNDER 21.

4. Married? Y () N () Separated? Y () N () Student? Y () N ()
5. Are you working? Y () N (), if **yes**: Name of Employer: _____ Employer's Number: _____
How long have you been in this job? _____ What is your weekly gross pay? _____ Weekly take home pay? _____
6. Who do you live with? _____ Is he/she employed? Y () N () Weekly take home pay? _____
7. Including yourself, spouse and children, how many dependents do you have? _____ How many dependents live with you? _____
8. Do you, your spouse or any of your dependants receive any of the following?
Unemployment Y () N () \$ _____ Disability Y () N () \$ _____ Social Security Y () N () \$ _____
Workers' Compensation Y () N () \$ _____ Social Services Y () N () \$ _____ Support/Alimony Y () N () \$ _____
9. **TOTAL AMOUNT OF ALL SOURCES OF INCOME PER WEEK \$** _____
If you show \$0 or no income, what is your present means of support? If needed, please use a separate sheet of paper to provide more information. _____
10. What are your monthly expenses? Mortgage \$ _____ Rent \$ _____ Cable \$ _____ Electric \$ _____ Vehicle \$ _____
Phone \$ _____ Loan \$ _____ Food \$ _____ Gas \$ _____ Medical \$ _____ Credit Cards \$ _____
Insurance \$ _____ Other \$ _____
11. **TOTAL AMOUNT OF ALL EXPENSES PER MONTH \$** _____
12. Does anyone help you pay these expenses? Y () N ()
13. Do you have a checking account? Y () N () Savings account? Y () N ()
14. **TOTAL ALL MONEY IN CHECKING, SAVINGS AND CASH \$** _____

15. Do you own a house, mobile home, motor home or vehicle? Y () N () if **yes** what is the value of:
House \$ _____ Mobile Home \$ _____ Motor Home \$ _____ Vehicle \$ _____
How much do you owe on your: House \$ _____ Mobile Home \$ _____ Motor Home \$ _____ Vehicle \$ _____
16. Do you own any other assets of any kind? Y () N (), if yes what are they worth? \$ _____

I hereby certify, under penalty of perjury, that the answers I have given are true and correct.

SIGNED: _____ DATE: _____

FOR PUBLIC DEFENDER USE ONLY

TO: _____ DATE: _____

YOUR APPLICATION FOR COUNSEL HAS BEEN:

1. **APPROVED** and your case has been assigned to: _____ Esq./ Phone #: _____
 APPROVED for BAIL APPLICATION ONLY; if and when defendant is released, parents will need to file a financial affidavit
2. **DENIED** because:
 Not Indigent (income exceeds financial guidelines)
 Incomplete or insufficient information'
 Defendant under 21 years of age; need parents financial information
 No authorization for Public Defender Services

If you wish to appeal your denial or for further information contact:

PUBLIC DEFENDER APPLICATION INSTRUCTIONS

The Court has entered a plea of **NOT** guilty to all charges and has noted your request for an adjournment for the purpose of obtaining counsel. You have indicated to the Court that you are unable to afford counsel and have asked the Court to consider providing you with counsel. The process used by this Court in considering your request is this **Application for Counsel – Criminal Court.**

You are to complete this form paying particular attention to these items:

- Answer all questions; incomplete or insufficient information will result in your application being denied.
- If you are under the age of 21 and not emancipated, this form must include your parents financial information.
- If you show no income, you must inform us of your present means of support.
- You must sign and date the form. Remember you are signing this form under the penalty of perjury so the information you provide must be true and correct.

If you have any questions about the form or how to complete this form, you can either go to the Public Defenders Office at the below address or call them at (518) 884-4795.

You are responsible for getting your completed application to the Public Defenders Office. Your completed application must be received in their office at least 5 business days before your court appearance. You can deliver it personally to their office, send it by fax to (518) 884-4789 or mail it to the following address:

**SARATOGA COUNTY PUBLIC DEFENDERS OFFICE
40 MCMASTER ST.
BALLSTON SPA NY 12020**

The Public Defenders Office is located in the basement of Building #1 of the Saratoga County Municipal Complex at the above location. For directions on how to get to their office, call (518) 884-4795.

Should you lose or misplace this form, you simply need to go to any Court in Saratoga County or to the Public Defenders Office and request another form.

If you are denied services and wish to appeal your denial you should contact the Public Defenders Office at (518) 884-4795.

Remember the sooner you get your completed application to the Public Defenders Office, the sooner they can make their determination and if approved, the sooner they can get started working on your case.