ST. LAWRENCE COUNTY
OFFICE OF INDIGENT DEFENSE
48 Court Street, Canton, New York 13617

Telephone: 315-379-2401
Fax: 315-379-0401
E-mail: fsthilaire@stlawco.org

APPLICATION FOR ASSIGNMENT OF COUNSEL INSTRUCTIONS

HOW TO APPLY FOR COUNSEL:

1) Apply in person by visiting the Office of Indigent Defense during regular business hours, Monday through Friday.
2) Fax the completed application to the Office of Indigent Defense at 315-379-0401.
3) Mail the completed application to: Office of Indigent Defense, 48 Court Street, Canton, N.Y. 13617

HOW TO COMPLETE THE APPLICATION FOR ASSIGNMENT OF COUNSEL:

1) Answer the questions on the application.
2) Provide copies of your charges, Complaints, Summonses, Tickets, Supporting Depositions, and/or statements.
3) Submit proof of any income or assistance you are receiving:

Employment:
- Check stubs (last 30 days)
- Statement from your employer (on letterhead) indicating proof of employment, rate of pay per hour, and hours worked per week

Self-Employed:
- Records of business showing income and expenses (last 30 days)
- Tax return for the past calendar year

NYS Unemployment Benefits:
- Copy of current award certificate
- Official correspondence from the New York State Department of Labor

Unearned Income (Social Security Benefits (SSI/SSD), Private Disability Benefits, Veteran's Benefits, Pensions, Retirement, Workers' Compensation):
- Copy of your current award certificate/letter or current benefit check
- If Direct Deposit, a bank statement (last 30 days)

Public Benefits (Family Assistance (TANF), Safety Net Assistance (SNA), Supplemental Nutrition Assistance (SNAP), Social Security Income (SSI), New York State Supplemental Program (SSP), Social Security Disability (SSD), Workers' Compensation, Medicaid, or Public Housing):
- Copy of your current benefit letter
- Copy of your benefit card
- If you are listed on another individual's benefit letter, you must provide a copy of their benefit letter showing your name as a household member

No source of income/not receiving assistance:
- A notarized statement indicating the name, address, telephone number, and relationship of the individual providing you with food, shelter, transportation, cash, and assisting you with any other expenses or personal needs. An Affidavit of Financial Support is available at the Office of Indigent Defense or on the County website (www.stlawco.org). This document can be notarized at the Office of Indigent Defense, the courthouse, or at any bank or local town or village office. Proof of identity is required for notary services.

For additional information, visit www.stlawco.org or call 315-379-2401

Application for Assignment of Counsel under County Law, Article 18-B

State of New York, County of St. Lawrence
CONFIDENTIAL

St. Lawrence County Indigent Defense
48 Court Street, Canton, N.Y. 13617

PERSONAL INFORMATION

Name: _____ Former Name: _____

D.O.B.: ___/___/___ Age: _____ Last Four of Social Security: XXXX-XX-_____ Gender: M / F

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ Where were you born? _____

Home Phone: _____ Other Phone: _____ Message Phone: _____

E-mail: _____ Have you been a member of the Armed Forces? ☐ YES ☐ NO

Marital Status: SINGLE / MARRIED Number of financial dependents: _____

Spouse's Name: _____ Spouse's Net Income: _____

Others residing in the home: _____ Relationship to applicant: _____

_____ Relationship to applicant: _____

_____ Relationship to applicant: _____

CURRENT CASE INFORMATION

Name of Court: _____ Judge: _____

Arrest Date: ___/___/___ Arraignment Date: ___/___/___ Next court date: ___/___/___ Time: _____

Charges: _____

Co-Defendants: _____

Complainants: _____

Witnesses: _____

If you are incarcerated, date put in jail: ___/___/___ Have you been released on bail? ☐ YES ☐ NO

Are you applying for a Violation of Probation Hearing? ☐ YES ☐ NO Original conviction: _____

Have you tried to hire an attorney? ☐ YES ☐ NO WHO: _____

Are you currently represented by an attorney? ☐ YES ☐ NO Attorney's name: _____

Court Name: _____ Previous Arrest Date: ___/___/___

Previous Charges: _____

Are you currently receiving need-based assistance (or recently been deemed eligible, pending receipt)? ☐ YES ☐ NO

If YES, check all that apply:

☐ Medicaid ☐ Family Assistance (TANF) ☐ Supplemental Nutrition Assistance (SNAP)

☐ Social Security Income (SSI) ☐ Public Housing ☐ Safety Net Assistance (SNA)

☐ Veteran Disability Pension ☐ Workers' Compensation ☐ New York State Supplemental Program (SSP)

Are you in jail? ☐ YES ☐ NO Are you in mental health facility? ☐ YES ☐ NO

Within the past 6 months, have you been found eligible for assigned counsel in another criminal case? ☐ YES ☐ NO

FOR OFFICE USE ONLY:
Date: _____ *Screened by:* _____ *PRESUMPTIVELY ELIGIBLE:* ☐ *YES* ☐ *NO* ☐ *PD* ☐ *CD* ☐ *AC*