

ALLEGANY COUNTY
APPLICATION FOR ASSIGNED COUNSEL | CRIMINAL MATTERS

(Revised - 04.2023)



DATE: _____ SCREENED BY: _____

A. NAME: _____ **OTHER NAMES (if any):** _____

MAILING ADDRESS: _____ **DATE OF BIRTH:** _____

_____ **HOME/CELL PHONE:** _____

NUMBER OF FINANCIAL DEPENDENTS IN HOUSEHOLD: _____ **OTHER PHONE:** _____

E-MAIL ADDRESS (or other preferred method of contact): _____

B. This Section could be Completed by Arraigning Justice/Judge/Clerk or Attorney

<p>Arrest Date: _____ Arraignment Date: _____</p> <p>Arraigning Court: _____</p> <p>Judge/Justice: _____</p> <p>Charge(s): _____</p> <p>_____</p> <p>_____</p> <p>Co-Defendants or Victim/Complainant(s) (if any):</p> <p>_____</p> <p>_____</p> <p>Next Court Date: _____ Time: _____</p> <p>Court: _____</p>	<p>Principal's Current Status:</p> <p><input type="checkbox"/> Released (ROR) <input type="checkbox"/> Pre-Trial Supervision Ordered</p> <p><input type="checkbox"/> Jail Bail: \$ _____ \$ _____ \$ _____</p> <p style="text-align: center;">cash bond 3rd form</p> <p><input type="checkbox"/> Held without Bail</p> <p>_____ Compliance with Rule 22 NYCRR 200.26(d)</p> <p><input type="checkbox"/> Principal Provided with Copies</p> <p><input type="checkbox"/> Principle Provided with Attorney's contact information (if any)</p> <p><input type="checkbox"/> Public Defender Notified</p> <p><input type="checkbox"/> Public Defender Provided with copies</p> <p><input type="checkbox"/> Order of Protection issued at Arraignment.</p> <p><input type="checkbox"/> **Arraignment rescheduled to continue with counsel**</p>
---	---

C. Employment/Income

Occupation (if student, indicate the school attending):

_____ disabled retired student

Name and Address of Current Employer:

If Self-Employed, Describe Nature of Employment:

Amount of Net (Take-Home) Pay:

\$ _____ per week bi-weekly month year

Other Income: _____

Other Circumstances

Is the applicant currently incarcerated, detained, or confined to a mental health facility? Yes No

Is the applicant currently receiving need-based Public Assistance (or recently been deemed eligible, pending receipt)? Yes No

Within the past six months, has the applicant been found eligible for assigned counsel in another case? Yes No

Has the applicant been represented by an attorney in the past? _____ If yes, who? _____

Instructions for Screener: Using the FPG Income Chart, is the applicant's income at or below 250% FPG? Yes No

unable to sign application because of hand restraints/sickness/disability/etc.

Applicant's Signature: _____ **Date:** _____

STOP Applicant/Principal/Defendant/Accused STOP here and submit. Further instructions will follow if necessary

Instructions for Screener: Is Applicant presumptively eligible for assigned counsel? Yes No
 If Yes, counsel will be assigned. If No, proceed to the back of the application.

TO BE COMPLETED ONLY IF APPLICANT IS NOT PRESUMPTIVELY ELIGIBLE

OTHER INCOME

Does the applicant receive pension, annuity or retirement payments? Yes No
Does the applicant currently receive income from owned real estate? Yes No If yes, list the amount: _____
List other sources and amount of income the applicant receives (do not include child support or need-based public assistance). 1. _____ 2. _____

ASSETS

List estimated total amount currently in applicant's bank accounts (savings and checking): _____
List all real estate applicant owns: Current Market Value (estimate): _____ Amount Owed: _____
List any vehicles applicant owns not necessarily used 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): _____

MONTHLY LIVING EXPENSES

Food: \$_____ Rent/Mortgage: \$_____ Utilities: \$_____ Transportation/Auto Expense (including Payments and Insurance): \$_____ Child Care \$_____ Child Support Paid: \$_____ Alimony Paid Out \$_____ Medical Bills (Including Health Insurance, Medications, Medical Debts) \$_____
List other expenses. Include employment-related expenses, educational loans and costs, minimum monthly credit card payments, unreimbursed medical expenses and expenses related to age or disability:
1. _____ 2. _____

Applicant's Signature: _____ **Date:** _____

****Applicant can submit additional materials and information (ex., suspended from work without pay as a result of the charges at issue, bankruptcy filing, foreclosure, etc.) to the Public Defenders Office or Court to demonstrate indigency/financial hardship/financial inability to hire an attorney.**

FOR COURT OR SCREENER

AMOUNT NEEDED FOR BAIL

Bail has been set: Yes No If yes, indicate the amount: \$_____ \$_____ \$_____
Cash Bond Other

COST OF RETAINING PRIVATE COUNSEL

What is the average cost of retaining private counsel in your county for the offense the applicant is being charged with?

Based on the information in the previous section (seriousness of the offense, income and expense information, etc.), and applicable guidelines, will this applicant be able to afford the cost of counsel indicated above? Yes No

ELIGIBILITY

Is the applicant eligible for assigned counsel? Yes No
If answering no, state why?

Judge/Justice/Magistrate Final Decision:
 Denial Upheld Appoint Assigned Counsel x _____