

Livingston County  
Application for Assignment of Counsel

**YOU MUST FILL OUT EACH SECTION AND SUBMIT THIS FORM WITH YOUR  
COURT DOCUMENTS AND PROOF OF INCOME**  
(Recent paystub, DSS, SSI/SSD or Unemployment Award Letters)

**PART I**

**Personal Information**

Full Name: \_\_\_\_\_  
Male: \_\_\_ Female: \_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Are you a U.S. Citizen: \_\_\_\_\_  
Name, relationship, and age of members in  
household:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Case Information**

Name of Court: \_\_\_\_\_  
Arrest Date: \_\_\_\_\_  
Arraignment Date: \_\_\_\_\_  
Bail: Cash/Bond? \$ \_\_\_\_\_  
Next Court Date: \_\_\_\_\_  
Judge: \_\_\_\_\_  
Charges/Type of Petition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Co-Defendants/Other Parties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Are you currently incarcerated? \_\_\_ Yes \_\_\_ No
2. Do you currently receive Public Assistance? (DSS, food stamps, SNAP, etc) \_\_\_ Yes \_\_\_ No
3. Have you been found eligible for assigned counsel in another criminal case within the past 6 months? \_\_\_ Yes \_\_\_ No

**Employment**

Occupation: (if student, list your school; if self-employed, list nature of employment; if not currently employed, list last time you were employed): \_\_\_\_\_  
\_\_\_\_\_  
Name and Address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
Hourly Wage: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Amount of Net (Take-home) Pay: \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ biweekly \_\_\_ weekly

**PLEASE CONTINUE ON THE REVERSE SIDE**

**PART II**

**Other Income**

Do you have income from a pension, annuity or retirement? \_\_\_ Yes \_\_\_ No \$\_\_\_\_\_ Amount

Do you have income from real estate? \_\_\_ Yes \_\_\_ No \$\_\_\_\_\_ Amount

List all other sources and amount of income: \_\_\_\_\_

\_\_\_\_\_

**Monthly Living Expenses**

Food: \$\_\_\_\_\_ Rent/Mortgage: \$\_\_\_\_\_ Utilities: \$\_\_\_\_\_ Child Care: \$\_\_\_\_\_

Transportation/Car Expenses: \$\_\_\_\_\_ Child Support: \$\_\_\_\_\_ Alimony: \$\_\_\_\_\_

Other monthly expenses (medical bills, educational loans, minimum monthly credit card payment, etc): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM AND PROOF OF INCOME TO:**

Livingston County Public Defender  
Livingston County Government Center  
6 Court Street, Room 109  
Geneseo, New York 14454  
Phone: (585)243-7028  
Fax: (585)243-7193

**FOR PUBLIC DEFENDER USE ONLY**

Eligible:  Yes  No

Approved by: \_\_\_\_\_

Conflict: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_