Application for Assigned Counsel Program

Chenango County Assigned Counsel Office
The Eaton Center, 21 Eaton Ave, 2nd Floor
Norwich, NY 13815
Phone: (607)337-2401 Fax: (607)337-1489
Email: twoodard@chenangocountyny.gov

Court: _____
Court Date/Time: _____
Next Court Date/Time: _____
Arraignment Date: _____
Arrest Date: _____

Criminal

Charges:

_____
_____
_____
_____
_____

_____Misdemeanors
_____Felonies
_____Violations
_____ ProbationViolations
_____ Parole Violations
Co-defendants/Victims (List below)
_____
_____
_____
_____

Family Court ☐Petitioner ☐Respondent
_____ Custody/Visitation
_____ Neglect/Abuse
_____ Paternity
_____ Support ☐Initial/Mod ☐Violation
_____ Other (specify) _____
Are you the Parent or Legal Guardian of the child involved in the petition? ☐Yes ☐No
Atty for Child_____
Docket# _____ FF# _____
Adverse Party _____

PERSONAL INFORMATION

Male ☐ Female ☐

Applicant's Name _____ Phone#: _____
Applicant's Address _____ City_____State _____ Zip Code_____
Social Security Number _____ DOB _____ Age___ Are you citizen?___ Are you a Veteran?___
Marital Status ☐Single ☐Married ☐Separated ☐Divorced Spouse Name_____
Email:_____

FINANCIAL INFORMATION

SUPPORTING DOCUMENTATION REQUIRED

Are you presently employed? ☐Yes ☐No If yes, place of employment_____
Gross weekly salary: _____ How long have you worked here _____ Annual Salary _____

Checking Account balance $_____ At Bank _____
Savings Account balance $_____ At Bank _____

Do you receive DSS assistance? ☐Yes ☐No If yes, Medicaid/Food Stamp Number: _____
Do you receive unemployment? ☐Yes ☐No If yes, how much per week: _____
Do you receive social security? ☐Yes ☐No If yes, how much per month: _____
Do you own a vehicle? ☐Yes ☐No Year, make, and amount owed: _____
Do you own a home? ☐Yes ☐No Purchase price, year purchased, balance: _____

List any other assets snowmobiles and other property you own: _____
List any other miscellaneous income you may have (stocks, bonds, inheritances): _____
If you reside with your spouse, are they employed? ☐Yes ☐No Weekly earnings: _____
Total number of people residing in your household and their relationship to you:_____
_____

THIS OFFICE MUST BE NOTIFIED IMMEDIATELY IF YOUR EMPLOYMENT STATUS OR INCOME CHANGES.

I hereby affirm, under penalty of perjury, that the information contained herein is true and accurate. I authorize release of information provided herein to the Public Defender's Office, the Court, the County of Chenango, or their designated agents. I understand that this information may be investigated, and that the information provided may be used to obtain payment of any fees ordered paid by me, or on my behalf, for representation. Intentionally giving false information on this application constitutes perjury. Any evidence of an intentional misstatement regarding applicant's financial eligibility will be presented to the district attorney and prosecuted accordingly.

I have read and understand the above notice: _____ _____
Signature of Applicant Date