

ONTARIO COUNTY CONFLICT DEFENDER

3010 COUNTY COMPLEX DRIVE
CANANDAIGUA, NEW YORK 14424

TELE: (585) 396-4284

FAX: (585)-396-4292

ANDREA J. SCHOENEMAN, ESQ.
CONFLICT DEFENDER

CARRIE W. BLEAKLEY, ESQ.
FIRST ASSISTANT CONFLICT DEFENDER

To apply for an attorney to be appointed to represent you based upon your inability to pay, you must do the following immediately:

- 1.) Complete and sign the attached application.
- 2.) Drop off the signed application at the **Family Court Clerk's Office** in the Court House

- OR -

Mail or fax the signed application to the above address/fax ASAP. You may also bring the application to the Conflict Defender's Office at 3010 County Complex Drive (Human Services Building), Hopewell Complex, Canandaigua, NY. Please have your court papers available (either the papers you filed with the Court or the papers that were mailed or served on you).

NOTE: If you do not immediately complete this application and deliver, mail, or fax it to the Conflict Defender's Office, you will NOT be assigned an attorney for your next appearance.

- 4.) The assigned attorney will contact you as soon as possible to schedule a meeting. If you have not heard from someone within a week of submitting your application, please call our office.

(Please note: All parties are not eligible for an attorney and this application is not a guarantee that an attorney will be assigned to you.)

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3010 County Complex Drive

CANANDAIGUA, NY 14424

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OFFICE USE ONLY

Case No. Assigned: _____

Assigned to: _____

Date: _____ Voucher Sent: _____

Other party's Atty: _____

AFC: _____

CONFIDENTIAL

Please be aware that we will not assign an attorney until **AFTER** your first court appearance.

It is important that this application be turned in immediately after your first appearance.

Date: _____ **What was the date of your first court appearance for this matter?** _____

PERSONAL INFORMATION

Your Name: _____

Social Security Number _____ DOB: Mo ____ / Day ____ / Yr ____

List any other names you have used: _____

Your Address: _____ Telephone #: (AC ____)

City/State: _____ Phone have voicemail? Y N

Names of financial dependents in household:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

CURRENT CASE INFORMATION

Judge: _____ **Next Court Date:** _____ **Time:** _____

Petitioner(s): _____ Respondent (s): _____

Your relationship to the child(ren) named in the petition: Mother Father Other _____

Court action for: Custody Visitation Family Offense Neglect/Abuse Other _____

Do you currently have a court order? Yes -or- No **Please include a copy of the Petition for this matter**

PREVIOUS REPRESENTATION

Have you previously been assigned an attorney? Yes No

Name of attorney: _____ Your previous attorney may be reassigned, is this ok? Y N

EMPLOYMENT/INCOME

Are you employed? Y N **If yes, please attach a copy of your most recent paystub.**

Employer Name: _____

Amount Of Net (Take-Home) Pay: \$ _____ per Week Bi-weekly Month Annual (check ONE)

Are you receiving unemployment benefits? Yes No If yes, amount: \$ _____ per month

Are you currently receiving need-based public assistance? Yes No Food Stamps? Yes No

Do you (or any household member) receive SSI or SSD? Y N Monthly amount \$ _____

If no income, how do you support yourself? _____

Signature: _____ Date: _____

- See reverse side -

**CONFIDENTIAL
PART II**

OTHER INCOME

Do you currently receive pension, annuity, or retirement payments? Y N If yes, list the amount \$ _____

Do you currently receive income from owned real estate? Y N If yes, list the amount \$ _____

List other sources and amount of income you receive (do not include child support or need-based public assistance):

1.) _____ Amount \$ _____

2.) _____ Amount \$ _____

ASSETS

Do you have a savings and/or checking account? If yes, approximate value... \$ _____

Do you own any real estate? Y N Describe property (house, condo, acreage) _____

Address of property: _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

List any vehicles owned not necessary for basic life activities: _____

Current Market Value (estimate): \$ _____ Amount owed: \$ _____

List value of all stocks or bonds in applicant's name: _____

MONTHLY LIVING EXPENSES

Mortgage or rent payments.....	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Day Care	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Spousal Support/Alimony	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Utilities (electric, gas)	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Cable/Internet	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Vehicle Loans	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Auto Insurance	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Phone/Cell Phone	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Medical Bills	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Other expenses (describe below)	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
_____	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
_____	Amount \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly

Signature: _____ Date: _____

FOR SCREENER

Eligible under old income guidelines? Y N \$ _____ Income: \$ _____

Eligible under new income guidelines? Y N \$ _____ H.H. # _____

Within the past 6 months, has the applicant been found eligible for assigned counsel in another Family Court case? Y N

If not eligible, state why: _____ Ineligible letter sent? _____

Is the applicant currently incarcerated, detained, or confined to a mental health facility? Y N