

**ONTARIO COUNTY CONFLICT DEFENDER
ASSIGNED COUNSEL PROGRAM
3010 COUNTY COMPLEX DRIVE
CANANDAIGUA, NY 14424
TELEPHONE: (585) 396-4284
FAX: (585) 396-4292
Email: ConflictDefender@co.ontario.ny.us**

OFFICE USE ONLY
Case No. Assigned: _____
Assigned to: _____
_____ Date: _____
Opposing 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.

Today's 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/Zip: _____
Email (if you prefer to correspond via email, please add your email here: _____
Names of financial dependents in your household that you support financially: (attach an additional sheet if necessary)
1) _____ Age _____ 3) _____ Age _____ 5) _____ Age _____
2) _____ Age _____ 4) _____ Age _____ 6) _____ Age _____

CURRENT CASE INFORMATION

Judge: _____ **Next Court Date:** _____ **Time:** _____
Are you the Petitioner OR Respondent named in the Petition? (please check one)
Name of other party: _____
Your relationship to the child(ren) named in the petition (if applicable): Mother Father Other _____
Court action for: Custody Visitation Family Offense (Order of Protection)
Custody Modification Visitation Modification Violation Court Order
Neglect and/or Abuse Other

ATTACH a copy of the Petition that you filed or that was served upon you for this matter

PREVIOUS REPRESENTATION

Have you been assigned an attorney before? Yes No
Name of attorney: _____ Your previous attorney may be reassigned, is this ok? Y N

EMPLOYMENT/INCOME

Are you employed? YES NO **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**

Signature: _____ **Date:** _____

SEE REVERSE SIDE

PART II

OTHER FORMS OF INCOME

- 1) Are you currently receiving need-based **public assistance**? Yes No
- 2) Are you currently receiving **Food Stamps**? Yes No
- 3) Do you (or any household member) receive **SSI or SSD**? YES - Monthly amount \$ _____ OR NO
- 4) IF NO INCOME, how do you support yourself?** _____
- 5) Do you currently receive **pension, annuity, or retirement** payments? YES Amount \$ _____ OR NO
- 6) Do you currently receive income from **owned real estate**? YES Amount \$ _____ OR NO
- 7) List other sources and amount of income you receive (do not include child support or need-based public assistance)
 - a) _____ Amount \$ _____ c) _____ Amount \$ _____
 - b) _____ Amount \$ _____ d) _____ Amount \$ _____

ASSETS

- 1) Do you have a savings and/or checking account? YES **Approximate amount in account** \$ _____ **OR** NO
- 2) Do you own any real estate? YES **If yes**, is it a house, condo, land, etc? _____ **OR** NO
 Address of property: _____
 Current Market Value (estimate): \$ _____ Amount owed: \$ _____
- 3) List any vehicles owned **not necessary for basic life activities**: _____
 Current Market Value (estimate): \$ _____ Amount owed: \$ _____
- 4) List value of all stocks or bonds in applicant's name: _____

MONTHLY LIVING EXPENSES

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

Signature: _____ **Date:** _____

FOR SCREENER

Income based on information provided: \$ _____

No. of dependents listed: _____

Eligible under new income guidelines? Y N \$ _____

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

