

ONTARIO COUNTY CONFLICT DEFENDER

3010 COUNTY COMPLEX DRIVE
CANANDAIGUA, NEW YORK 14424

TELE: (585) 396-4284

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CONFLICT DEFENDER

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FIRST ASST. CONFLICT DEFENDER

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ASST. 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 (front and back).
- 2.) Our office should receive your application, plus attachments, within 48 hours of your first court appearance in order to determine your eligibility status prior to your next court date.

Options for submitting your application include:

* - Drop off the signed application, **with a copy of your most recent paystub and the court papers** (either the papers you filed with the Court or the papers that were mailed or served on you) at the **Family Court Clerk's Office** in the Court House. [This office **does** require a copy of the petition].

- OR -

* - Mail or fax the signed application, with the court papers and a copy of your most recent paystub, to the above address/fax ASAP.

- OR -

* - Bring the application, with the court papers and a copy of your most recent paystub, to the Conflict Defender's Office at 3010 County Complex Drive (Human Services Building), Hopewell Complex, Canandaigua, NY.

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.

If you do not submit the requested attachments, it is possible your application approval may be delayed.

- 3.) The assigned attorney will contact you as soon as possible to schedule a meeting.

(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.)

ONTARIO COUNTY CONFLICT DEFENDER ASSIGNED COUNSEL PROGRAM

3010 COUNTY COMPLEX DRIVE
CANANDAIGUA, NY 14424
TELEPHONE: (585) 396-4284 FAX: (585) 396-4292

OFFICE USE ONLY

Case No. Assigned: _____
Assigned to: _____
Date: _____
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.

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: _____ Do you have voicemail? YES NO
Names of financial dependents in household: (attach an additional sheet if more than four dependents)

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 (Order of Protection)
 Custody Modification Visitation Modification Violation Court Order
 Neglect and/or Abuse Other

INCLUDE 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 -

**CONFIDENTIAL
PART II**

OTHER FORMS OF INCOME

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

Do you (or any household member) receive SSI or SSD? YES NO Monthly amount \$ _____

If no income, how do you support yourself? _____

Do you currently receive pension, annuity, or retirement payments? YES NO If yes, list the amount \$ _____

Do you currently receive income from owned real estate? YES NO 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

List estimated total amount currently in applicant's bank accounts (savings and checking) \$ DO NOT LEAVE BLANK _____

Do you own any real estate? YES NO If yes, is it a house, condo, land, etc? _____

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