



Application for Public Defender Program
 Schuyler County Public Defender's Office
 105 Ninth Street, Unit 7
 Watkins Glen NY 14891
 Phone: (607) 535-6400
 Fax (607) 535-6404

Court _____
 Judge _____
 ___ Eligible ___ Not Eligible

CRIMINAL COURT
 ___ Felony ___ Misdemeanor ___ Violation
 ___ Parole Violation ___ Probation Violation

Applicant's Charge(s): _____

Court _____ Bail/Bond\$ _____
 Co-Defendants (list) _____
 Notes: _____
 Next Court Date: _____ Time _____

Please include copies of your criminal court matter

FAMILY COURT
 ___ Petitioner ___ Respondent

___ Support ___ Custody/Visitation ___ Paternity
 ___ Neglect/Abuse ___ Other (specify) _____

Law Guardian _____
 Docket # _____ File # _____
 Adverse Party _____
 Next Court Date: _____ Time _____

Please include copies of your family court matter

PERSONAL INFORMATION

Name _____ Age _____ Date of Birth _____
 Street Address _____ PO Box # _____ City _____
 State _____ Zip Code _____ Phone _____ Marital Status Single Married Separated Divorced
 Email Address _____ Text Message Number _____
 Total number of people residing in your household _____ List their names, ages, and relationship to you _____

FINANCIAL INFORMATION

Are you presently employed Yes No If yes, place of employment _____
 Gross weekly salary \$ _____ Earnings to date \$ _____ How long have you worked here _____
 Are you self-employed Yes No If yes, nature of business _____
 Business Address _____ Business Phone _____ Earnings last 12 months \$ _____
 Is your Spouse employed Yes No Place of employment _____ Weekly earnings \$ _____
 Checking Account balance \$ _____ Bank (name/address) _____
 Savings Account balance \$ _____ Bank (name/address) _____
 Do you receive Public Assistance Yes No If yes, how much \$ _____ per week month
 Do you receive Unemployment Yes No If yes, how much \$ _____ per week month
 Do you receive Social Security Yes No If yes, how much \$ _____ per week 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 owed _____
 List any other assets, including motorcycles, snowmobiles, and other property you own _____
 List any other miscellaneous income you may have (stocks, bonds, inheritances, etc) _____

IF UNDER AGE 21 and LIVING WITH YOUR PARENTS, THIS SECTION MUST BE FILLED OUT

Parent(s) Name(s) _____ Parent(s) Address(s) _____
 Parent(s) Phone _____ Parent(s) Weekly Income \$ _____
 Parent(s) place of employment _____

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

I hereby affirm, under penalties of perjury, that the information contained herein is true and correct. I authorize release of information provided herein to the Schuyler County Public Defender's Office, the Court, the County of Schuyler, 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 ANY 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 _____