



June-A- 2019

**CORTLAND COUNTY OFFICE OF ASSIGNED COUNSEL**  
**APPLICATION FOR LEGAL REPRESENTATION**

Michael R. Cardinale, Esq., Administrator  
[MCardinale@cortland-co.org](mailto:MCardinale@cortland-co.org)

Donna Johnson, Secretary to Administrator  
[DJohnson@cortland-co.org](mailto:DJohnson@cortland-co.org)

Cortland County Office Building – Suite B2, 60 Central Avenue, Cortland, New York 13045

Phone: (607) 428-5459 / Fax (607) 428-5458

Office Hours: Monday through Friday, 8:30 a.m. to 4:30 p.m. (closed for lunch)

**ALL INFORMATION IS CONFIDENTIAL:**

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Formerly Known as or Other Names: \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CURRENT CASE INFORMATION:** Arrest Date: \_\_\_\_\_ Arraignment Date: \_\_\_\_\_

\*\*\*\*\*

Name of Court: \_\_\_\_\_ Name of Judge: \_\_\_\_\_

Charges: \_\_\_\_\_

Co-Defendants/Witnesses: \_\_\_\_\_

**Next Court Date & Time:** \_\_\_\_\_

Previous or current public defenders or assigned counsel: \_\_\_\_\_

For FAMILY COURT, what type of case are you going to court for? \_\_\_\_\_

Please state the number of financial dependents in your household? \_\_\_\_\_

**NOTICE**

**WE ENCOURAGE YOU TO INCLUDE PAPERS/CHARGES**

**ALL INFORMATION IS CONFIDENTIAL:**

**EMPLOYMENT INFORMATION: Attach TWO most recent Paystubs.**

**INCOME:**

Net Household Income from Employment: \$ \_\_\_\_\_ per month  
Social Security Disability Income (SSDI); other disability income: \$ \_\_\_\_\_ per month  
Spousal support, Maintenance/Alimony (do not include Child Support): \$ \_\_\_\_\_ per \_\_\_\_  
Unemployment Insurance Benefits: \$ \_\_\_\_\_ per week  
Worker's Comp: \$ \_\_\_\_\_ per week  
Veteran's Benefits: \$ \_\_\_\_\_ per month  
Pension and/or Retirement: \$ \_\_\_\_\_ per month  
Other income (specify: \_\_\_\_\_): \$ \_\_\_\_\_ per \_\_\_\_

**Please list if you receive any of the following types of Income. Please note that this income may not be included when assessing assigned counsel eligibility:**

Public Assistance, SSI/SSP (need based Social Security): \$ \_\_\_\_\_ per month  
Child Support: \$ \_\_\_\_\_ per \_\_\_\_  
Other Need Based Income or Subsidy: \$ \_\_\_\_\_ per \_\_\_\_

**ASSETS:**

**Do you own more than one vehicle (list all vehicles including recreational) that is not needed for daily life activities?**

YES/NO: \_\_\_\_\_

If YES, please provide the following:

Make & Model: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Make & Model: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

**Do you own a house or real estate?** YES or NO: \_\_\_\_\_

If YES, please provide the following:

**Check if Primary Residence:**

Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

**Amount of cash on hand or in bank accounts:** \$ \_\_\_\_\_

**Retirement accounts (401k, IRA's), pensions:** Value: \$ \_\_\_\_\_

**Other assets:** (stocks, bonds, etc.): \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

**EXPENSES/LIABILITIES:**

Mortgage/Rent: \$ \_\_\_\_\_ per month

Utilities: \$ \_\_\_\_\_ per month

Child Care: \$ \_\_\_\_\_ per month

Health insurance premiums or medical bills paid: \$ \_\_\_\_\_ per month

Child support/alimony actually paid: \$ \_\_\_\_\_ per month

Credit Card Debt: \$ \_\_\_\_\_ per month

Student loans: \$ \_\_\_\_\_ per month

Other expenses (list all): \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

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Presumptive Circumstances:

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- 1. Is the applicants' net income below or at 250% of the FPG? YES/NO: \_\_\_\_\_
- 2. Is the applicant incarcerated, detained, or confined to a mental health facility? YES/NO: \_\_\_\_\_
- 3. Is the applicant currently eligible to receive need-based public assistance? YES/NO: \_\_\_\_\_
- 4. Within the last six-months has the applicant been found eligible for ACP/Public Defender/Legal Aide services on any other matter?  
YES/NO: \_\_\_\_\_

Instructions for Court/Screeners: Will the applicant be required to complete Part II?

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YES/NO: \_\_\_\_\_

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**FOR COURT SCREENER ONLY:**

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Has Bail been set: \_\_\_\_\_ If "Yes" please indicate amount: \_\_\_\_\_  
YES NO

What is the average cost of retaining private counsel in Cortland County for the applicant's charges?

\_\_\_\_\_

Based upon the information in this application, including the seriousness of the offense, income & expense information, and etc., will the applicant be able to afford the cost of counsel?

YES/NO: \_\_\_\_\_

**ELIGIBILITY**

Is the applicant eligible for assigned counsel?

YES/NO: \_\_\_\_\_

If answering no, state why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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