

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

Cortland County Office Building – Suite B2, 60 Central Avenue  
Cortland, New York 13045 Phone: (607) 428-5459 / Fax (607) 428-5458



May- 2020

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)

→ **\*\*\*\*Due to COVID-19, All Applicants are to submit applications by email, online, or fax. \*\*\*\*** ←

Stephanie Oliver, Keyboard Specialist  
[SOliver@cortland-co.org](mailto:SOliver@cortland-co.org)

**ALL INFORMATION IS CONFIDENTIAL:**

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

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

Active phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(if different) \_\_\_\_\_ Active Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

Name of Court: \_\_\_\_\_ Please Check one: Criminal Family

Next Court Date and Time of Appearance: \_\_\_\_\_

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

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

**MUST HAVE FOR FAMILY COURT:** FILE#: \_\_\_\_\_ DOCKET #: \_\_\_\_\_

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

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

**NOTICE**

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

**EMPLOYMENT INFORMATION (ALL INFORMATION IS CONFIDENTIAL):**

Please state the # of financial dependents in household? Adults: \_\_\_\_\_; Children Under 21: \_\_\_\_\_.

**INCOME:**

Place of Employment: \_\_\_\_\_

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, 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

Food Stamps: \$ \_\_\_\_\_ 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)

<i>Office Use Only</i>	<u>Presumptive Circumstances:</u>	<i>Office Use Only</i>
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?		
<i>Office Use Only</i>	YES/NO: _____	<i>Office Use Only</i>

<i>Office Use Only</i>	<b><u>FOR COURT SCREENER ONLY:</u></b>	<i>Office Use Only</i>
<b>Has Bail been set:</b> _____ <b>If "Yes" please indicate amount:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div>		

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Office Use Only</i>		<i>Office Use Only</i>
------------------------	--	------------------------