

**OFFICE OF THE PUBLIC DEFENDER
COUNTY OF GENESEE**

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To Applicant:

Attached you will find our office's Financial Eligibility Application form to assist us in determining your ability to hire an attorney or to have one assigned at Genesee County's expense. Please complete the front and back of the application as thoroughly as possible and return it to our office either in person, by mail, by fax or by e-mail, with its required attachments. Our office should receive your application with its attachments within 48 hours of your first court appearance in order to determine your eligibility status and, if necessary, assign you legal representation prior to your next court appearance.

Please note that an incomplete application will delay our determination. If you are eligible to receive a free lawyer, the sooner that determination is made by this office, the sooner you can discuss your case with that lawyer before you return to Court. If you have any questions in regards to this application or need further assistance, you can contact our office or locate the Public Defender Department at Genesee County's website found at www.co.genesee.ny.us.

Sincerely,

Jerry Ader

JA/jea
Enclosure

COUNTY COURTS FACILITY, 1 WEST MAIN STREET, BATAVIA, NEW YORK 14020
Phone: (585) 815-7815 Fax: (585) 344-8553
public.defender@co.genesee.ny.us

Genesee County Public Defender
Confidential Financial Eligibility Application – Family Court

TO PROPERLY DETERMINE YOUR ELIGIBILITY FOR FREE LEGAL REPRESENTATION, THIS ENTIRE APPLICATION IS REQUIRED TO BE FILLED OUT. INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY IN DETERMINING ELIGIBILITY AND ASSIGNING COUNSEL, IF ELIGIBLE. PLEASE PRINT CLEARLY.

Family Court Petition* for: _____ Court Return Date: _____

***Attach** a copy of the Petition that you filed or that was served upon you for this matter.

PERSONAL INFORMATION

Name: _____ SS# _____ Sex: M F Maiden name: _____

Single Married Separated Divorced

Mailing Address: _____

Telephone (Cell/Landline): _____ Email address: _____

Date of Birth: _____ Age: _____ Where were you born: _____

Have you served in the military: _____

Current household members (name and relationship):

Number of your biological or adopted children (under age 21) living with you: _____

INCOME

If employed, your net (after deductions/take home) **monthly** income: _____ Employer: _____

If your spouse is employed, your spouse's net **monthly** income: _____ Employer: _____

Attach at least two of your most recent pay stubs (or other proof of payment) from the employers.

ALL OTHER INCOME

If you are unemployed and are receiving government (public) assistance, provide that information in this section. Also, provide any source of non-employment income not listed above (Worker's Compensation, Unemployment, pension, annuity, etc.).

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Attach documentation/proof of your government assistance.

If you have no source of income, how do you support yourself: _____

(Go To Reverse Side)

EXPENSES (monthly)

Rent/mortgage: _____

Utilities (gas, electric, water): _____

Food: _____

Phone: _____

Child care: _____

Car loan: _____

Car Insurance: _____

Cable/Internet: _____

Other monthly expenses not listed: _____

ASSETS

Real property (land): Yes No If yes, current estimated value of the property: _____

Amount owed: _____

Vehicles: Yes No If yes, list them and their values: _____

Bank Accounts: Yes No

If yes, list the estimated total amount currently in savings/checking accounts: _____

Attach last month's bank statement (for all bank accounts).

Any other assets not specified above and their values: _____

Signature: _____ Date: _____

RETURN TO: Genesee County Public Defender's Office
County Courts Facility
1 West Main Street
Batavia, New York 14020
Phone: (585) 815-7815
Fax: (585) 344-8553
Email: public.defender@co.genesee.ny.us

For Office Use Only	
Eligible: Yes___	No___, why_____
PD_____	Assigned Counsel_____
Approved by: _____	

Amended: 7/5/18