

# ONTARIO COUNTY CONFLICT DEFENDER

3010 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NEW YORK 14424

TELE: (585) 396-4284

FAX: (585)-396-4292

ANDREA J. SCHOENEMAN, ESQ.  
CONFLICT DEFENDER

CARRIE W. BLEAKLEY, ESQ.  
FIRST ASSISTANT CONFLICT DEFENDER

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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.
- 2.) Drop off the signed application at the **Family Court Clerk's Office** in the Court House

- OR -

Mail or fax the signed application to the above address/fax ASAP. You may also bring the application to the Conflict Defender's Office at 3010 County Complex Drive (Human Services Building), Hopewell Complex, Canandaigua, NY. Please have your court papers available (either the papers you filed with the Court or the papers that were mailed or served on you).

**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.

- 4.) The assigned attorney will contact you as soon as possible to schedule a meeting. If you have not heard from someone within a week of submitting your application, please call our office.

(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.)

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# 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: \_\_\_\_\_ Voucher Sent: \_\_\_\_\_  
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    **Food Stamps**?  Yes  
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 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