

ONTARIO COUNTY CONFLICT DEFENDER

144 MILL STREET

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.

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: _____ Phone have voicemail? Y N

Names of financial dependents in household:

_____ 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 Neglect/Abuse Other _____

Do you currently have a court order? Yes -or- No **(If yes, please include a copy of the Order)**

PREVIOUS REPRESENTATION

Have you previously been assigned an attorney? Yes No

Name of attorney: _____ Your previous attorney may be reassigned, is this ok? Y N

EMPLOYMENT/INCOME

Are you employed? Y N **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

Are you currently receiving need-based public assistance? Yes No Food Stamps? Yes No

Do you (or any household member) receive SSI or SSD? Y N Monthly amount \$ _____

If no income, how do you support yourself? _____

Signature: _____ Date: _____

- See reverse side -

**CONFIDENTIAL
PART II**

OTHER INCOME

Do you currently receive pension, annuity, or retirement payments? Y N If yes, list the amount \$ _____

Do you currently receive income from owned real estate? Y N 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? Y N Describe property (house, condo, acreage) _____

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 \$ _____

Eligible under new income guidelines? Y N \$ _____

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