

# ONTARIO COUNTY CONFLICT DEFENDER

3010 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NEW YORK 14424

TELE: (585) 396-4284

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CARRIE W. BLEAKLEY, ESQ.  
CONFLICT DEFENDER

BENJAMIN A. GILMOUR, 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 (front and back).
- 2.) Our office should receive your application, plus attachments, within 48 hours of your first court appearance in order to determine your eligibility status prior to your next court date.

Options for submitting your application include:

- \* Drop off the signed application, **with a copy of your most recent paystub and the court papers** (either the papers you filed with the Court or the papers that were mailed or served on you) at the **Family Court Clerk's Office** in the Court House. [Our office **does** require a copy of the petition].  
-OR-
- \* Mail or fax the signed application, with the court papers and a copy of your most recent paystub, to the above address/fax ASAP.  
-OR-
- \* Bring the application, with the court papers and a copy of your most recent paystub, to the **Conflict Defender's Office** at 3010 County Complex Drive (Human Services Building), Hopewell Complex, Canandaigua, NY.

**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.

*If you do not submit the requested attachments, it is possible your application approval may be delayed.*

- 3.) The assigned attorney will contact you as soon as possible to schedule a meeting.

**(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.)

**ONTARIO COUNTY CONFLICT DEFENDER  
ASSIGNED COUNSEL PROGRAM  
3010 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NY 14424  
TELEPHONE: (585) 396-4284  
FAX: (585) 396-4292  
Email: ConflictDefender@co.ontario.ny.us**

<b>OFFICE USE ONLY</b>	
Case No. Assigned:	_____
Assigned to:	_____
_____	_____
Date:	_____
AFC:	_____ Other Pty Atty: _____

**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: \_\_\_\_\_  
Email (if you prefer to correspond via email, please add your email here): \_\_\_\_\_  
Names of financial dependents in your household that you support financially: (attach an additional sheet if necessary)  
1) \_\_\_\_\_ Age \_\_\_\_\_ 3) \_\_\_\_\_ Age \_\_\_\_\_ 5) \_\_\_\_\_ Age \_\_\_\_\_  
2) \_\_\_\_\_ Age \_\_\_\_\_ 4) \_\_\_\_\_ Age \_\_\_\_\_ 6) \_\_\_\_\_ Age \_\_\_\_\_

**CURRENT CASE INFORMATION**

**Judge:** \_\_\_\_\_ **Next Court Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Are you the petitioner or respondent?** \_\_\_\_\_  
**Name of other party:** \_\_\_\_\_  
Your relationship to the child(ren) named in the petition (if applicable):  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

**ATTACH 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***

# PART II

## OTHER FORMS OF INCOME

- 1) Are you currently receiving need-based **public assistance**?  Yes  No
- 2) Are you currently receiving **Food Stamps**?  Yes  No
- 3) Do you (or any household member) receive **SSI or SSD**?  YES - Monthly amount \$\_\_\_\_\_ OR  NO
- 4) If no income, how do you support yourself?** \_\_\_\_\_
- 5) Do you currently receive **pension, annuity, or retirement** payments?  YES Amount \$\_\_\_\_\_ OR  NO
- 6) Do you currently receive income from **owned real estate**?  YES Amount \$\_\_\_\_\_ OR  NO
- 7) List other sources and amount of income you receive (do not include child support or need-based public assistance)
  - a) \_\_\_\_\_ Amount \$ \_\_\_\_\_ c) \_\_\_\_\_ Amount \$ \_\_\_\_\_
  - b) \_\_\_\_\_ Amount \$ \_\_\_\_\_ d) \_\_\_\_\_ Amount \$ \_\_\_\_\_

## ASSETS

- 1) Do you have a savings and/or checking account?  YES **Approximate amount in account** \$\_\_\_\_\_ **OR**  NO
- 2) Do you own any real estate?  YES **If yes**, is it a house, condo, land, etc? \_\_\_\_\_ **OR**  NO  
 Address of property: \_\_\_\_\_  
 Current Market Value (estimate): \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_
- 3) List any vehicles owned **not necessary for basic life activities**: \_\_\_\_\_  
 Current Market Value (estimate): \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_
- 4) List value of all stocks or bonds in applicant's name: \_\_\_\_\_

## MONTHLY LIVING EXPENSES

Mortgage or rent payment - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Day Care - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Spousal Support/Alimony - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Utilities (electric, gas) - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Cable/Internet - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Vehicle Loans - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Auto Insurance - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Phone/Cell Phone - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Reoccurring Medical Bills - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Other expenses (describe below) - Amount \$	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR SCREENER

- Income: \$ \_\_\_\_\_ H.H. #: \_\_\_\_\_
- 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