

**ONTARIO COUNTY CONFLICT DEFENDER  
ASSIGNED COUNSEL PROGRAM  
3010 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NY 14424  
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<b>OFFICE USE ONLY</b>
Case No. Assigned: _____
Assigned to: _____
_____ Date: _____
Opposing 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**

File #

Your Name: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ DOB: Mo \_\_\_\_\_ / Day \_\_\_\_\_ / Yr . \_\_\_\_\_  
List any other names you have used: \_\_\_\_\_  
Your Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Alt telephone#: \_\_\_\_\_  
Email: \_\_\_\_\_

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 named in the Petition? (please check one)**

**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 wk mo

**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	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Day Care	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Spousal Support/Alimony	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Utilities (electric, gas)	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Cable/Internet	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Vehicle Loans	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Auto Insurance	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Phone/Cell Phone	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Reoccurring Medical Bills	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
Other expenses (describe below)	-	\$ _____	<input type="checkbox"/>	monthly	<input type="checkbox"/>	weekly
	-	\$ _____	<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 based on information provided: \$ \_\_\_\_\_

No. of dependents listed: \_\_\_\_\_

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