

**RETURN THE COMPLETED APPLICATION AND THE INFORMATION  
REQUESTED BELOW TO:**

**SARATOGA COUNTY FAMILY COURT  
35 WEST HIGH STREET  
BALLSTON SPA NY 12020**

**IMPORTANT NOTICE**

**IF YOU ARE REQUESTING PUBLIC DEFENDER SERVICES, THE FOLLOWING  
INFORMATION MUST BE PROVIDED WHEN YOU SUBMIT YOUR  
APPLICATION:**

- 1) If you are employed, copies of your last four pay stubs.**
- 2) Copies of the most recent receipts for expenses, including utility bills, rent/mortgage, insurance, transportation, baby-sitting, etc.**
- 3) If you are self-employed, copies of your last three years tax returns.**
- 4) A list of any and all assets – and the balance you owe on them.**
- 5) The balance of any and all checking and/or savings accounts.**
- 6) List the names of the dependants you are claiming and their relationship to you.**

**FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN YOUR  
APPLICATION BEING DENIED FOR INCOMPLETE OR INSUFFICIENT  
INFORMATION.**

THIS FORM MUST BE COMPLETED IN FULL. PLEASE PRINT CLEARLY.

APPLICATION FOR COUNSEL – FAMILY COURT

1. NAME: \_\_\_\_\_

Email \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Are you married? Y ( ) N ( ) Are you separated? Y ( ) N ( ) Are you a student? Y ( ) N ( )

3. Are you employed? Y ( ) N ( ), if yes: Name of Employer: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ How long have you been employed \_\_\_\_\_

4. How much is your weekly take-home pay \$ \_\_\_\_\_ If you receive tips, average you receive weekly: \_\_\_\_\_

DO NOT LIST YOUR SPOUSE AS A DEPENDANT OR THEIR INCOME UNLESS HE/SHE LIVES IN THE HOME

5. How many dependents do you have (include yourself/spouse)? \_\_\_\_\_ How many of them do you support? \_\_\_\_\_

6. If you are not separated, is your spouse employed? \_\_\_\_\_ If employed, what is your spouses' weekly take-home pay? \_\_\_\_\_

7. If you show no income, what is your present means of support? \_\_\_\_\_

8. Does your spouse/parent whom you live with receive any of the following? Disability \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Social Services \$ \_\_\_\_\_ Support/Alimony \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

9. Complete the following monthly expenses: (IF YOU NEED ADDITIONAL SPACE, USE THE BACK OF THIS FORM)

Mortgage \_\_\_\_\_ Rent \_\_\_\_\_ Food \_\_\_\_\_ Credit Card \_\_\_\_\_

Telephone \_\_\_\_\_ Loan \_\_\_\_\_ Auto \_\_\_\_\_ Insurance \_\_\_\_\_

Electric \_\_\_\_\_ Cable \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

10. Do you share the payment of these expenses with someone else? Y ( ) N ( )

11. Do you have any of the following? Cash on Hand Y ( ) N ( ); Checking Account Y ( ) N ( )

Savings Account Y ( ) N ( ) Total Cash (Cash on Hand, Checking, Savings) \$ \_\_\_\_\_

12. Do you own a house, mobile home or automobile? Y ( ) N ( )

What is the value of your house/mobile home? \$ \_\_\_\_\_ What is the current balance \$ \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ What is the balance of the loan(s) \$ \_\_\_\_\_

13. Do you own any other assets of any kind? Y ( ) N ( ) If yes, describe in detail and give the value of these assets: \_\_\_\_\_

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR COURT USE ONLY: Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_

Part I \_\_\_\_\_ Part II \_\_\_\_\_ Docket No.: \_\_\_\_\_ File No.: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_ Nature of Proceeding: \_\_\_\_\_

Date Received by Court: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_

FOR PUBLIC DEFENDER USE ONLY

TO: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Application for Counsel has been:

( ) 1. Approved and your case has been assigned to: \_\_\_\_\_

The attorney's phone number is \_\_\_\_\_

( ) 2. Approved for the following services only: \_\_\_\_\_

( ) 3. Denied (check reason for denial)

a. Not Indigent ( )

b. Visitation only real issue ( )

c. No action currently pending ( )

d. Incomplete or insufficient information ( )

e. No authorization for Public Defender services ( )

If you wish to appeal your denial or for further information contact:

SARATOGA COUNTY PUBLIC DEFENDERS OFFICE

40 MCMASTER ST. BALLSTON SPA, NY 12020

TELEPHONE (518) 884-4795 EMAIL: pd@saratogacountyny.gov

IF YOU ARE APPROVED FOR PUBLIC DEFENDER SERVICES, THE ATTORNEY WILL ATTEMPT TO CONTACT YOU APPROXIMATELY ONE WEEK BEFORE YOUR COURT DATE.