

**CONFIDENTIAL**

**State of New York, COUNTY OF ULSTER**

**Application for Assignment of Counsel under County Law, Article 18-B**

**Ulster County Public Defender  
Attn: Heather Hughes, Paralegal Assistant  
hhug@co.ulster.ny.us  
280 Wall Street, Kingston, NY 12401  
845-340-3232 option #8**

Date: \_\_\_\_\_

Screened by: \_\_\_\_\_

**PART I**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of financial dependents in household: \_\_\_\_\_

**CURRENT CASE INFORMATION**

Arrest Date: \_\_\_\_\_ Arraignment Date: \_\_\_\_\_

Docket No. (if available): \_\_\_\_\_

Name of Court: \_\_\_\_\_

Judge: \_\_\_\_\_

Charges: \_\_\_\_\_

Co-Defendants (If any): \_\_\_\_\_

Next Scheduled Court Date: \_\_\_\_\_

**EMPLOYMENT**

Occupation (if a student, indicate the school attending; if self-employed, indicate and describe the nature of employment): \_\_\_\_\_

Name and address of Current Employer: \_\_\_\_\_

Amount of Net (Take-Home) Pay: \$ \_\_\_\_\_ per ☐ Year ☐ Month ☐ Bi-weekly ☐ Weekly

**Instructions for Court/Screeners: Using the FPG Income chart, is the applicant's income at or below 250% of the FPG?    \_\_\_\_\_ Yes    \_\_\_\_\_ No**

**OTHER CIRCUMSTANCES:**

1) Is the applicant currently incarcerated, detained, or confined to a mental health facility?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

2) Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

3) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

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



***Applicant: Stop here. Await further instructions.***

**Instructions for Court/Screeners: Is Applicant presumptively eligible for assigned counsel?    \_\_\_\_\_ Yes    \_\_\_\_\_ No**

**[If Yes, counsel shall be assigned. If No, proceed to Part II of the application]**

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**PART II**

**OTHER INCOME**

Does the applicant currently receive pension, annuity, or retirement payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the amount: \_\_\_\_\_

Does the applicant currently receive income from owned real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the amount: \_\_\_\_\_

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance):

1. \_\_\_\_\_

2. \_\_\_\_\_

**ASSETS**

List estimated total amount currently in applicant's bank accounts (savings and checking): \_\_\_\_\_

List all real estate applicant owns (see Instructions for primary residence exception): \_\_\_\_\_

Current Market Value (estimate): \_\_\_\_\_ Amount owed: \_\_\_\_\_

List any vehicles applicant owns 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**

Food: \$ \_\_\_\_\_ Rent or Mortgage Payments: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Transportation/Auto Expenses (Including Payments & Insurance): \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_ Child Support Paid Out: \$ \_\_\_\_\_ Alimony Paid Out: \$ \_\_\_\_\_

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ \_\_\_\_\_

List other expenses. Include employment-related expenses, educational loans & costs, minimum monthly credit card payments, unreimbursed medical expenses, and expenses related to age or disability:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Court or Screener**

**AMOUNT NEEDED FOR BAIL**

Bail has been set: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, indicate the amount: \_\_\_\_\_

**COST OF RETAINING PRIVATE COUNSEL**

What is the cost of retaining private counsel in your county for the offense the applicant is being charged with?

Based on the information in the previous section (seriousness of the offense[s], income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ELIGIBILITY**

Is the applicant eligible for assigned counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answering no, state why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_