

ONTARIO COUNTY CONFLICT DEFENDER

3010 COUNTY COMPLEX DRIVE
CANANDAIGUA, NEW YORK 14424

TELE: (585) 396-4284

FAX: (585)-396-4292

CARRIE W. BLEAKLEY, ESQ.
CONFLICT DEFENDER

BENJAMIN A. GILMOUR, ESQ.
ASSISTANT CONFLICT DEFENDER

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**

OFFICE USE ONLY
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

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 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 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 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