

JEFFERSON COUNTY PUBLIC DEFENDER FINANCIAL AFFIDAVIT

Is defendant in Custody: No [] Yes [] Bail Amount: \$ _____ \$ _____ HGJ _____
Cash Sec. Bond Adjourned Date: _____

STATE OF NEW YORK
COUNTY OF JEFFERSON) ss:

I, _____, (print name) being duly sworn, deposes and make under oath, the following statement of my financial status to support my application for the services of the Jefferson County Public Defender.

Social Security #: _____ / _____ / _____

Address: Street Number, City Village, etc. Zip Code. (Do not list only the Jail) Telephone: _____

Date of Birth: _____ / _____ / _____ Age: _____ 3. Marital Status: Single [] Married [] Separated [] Divorced []

Number of persons living in your home: _____ Relationship and age: _____

Charge(s): Felony [] _____

Misdemeanor [] _____

Violation [] _____

Did you get an appearance ticket? Yes [] No [] What date did you first appear in court? _____

Name of Judge _____ Name of Court _____

List your Co-defendants: _____ ; _____ ; _____ ; _____

The names of the alleged victim(s): _____

Are there any other court proceedings in which you are involved, including Family Court? Give the name of the court, the charge, and who else is involved: _____

Are you on (circle): probation; parole. The name of your probation/parole officer: _____

Are you and/or others in your household employed? (For each person in the home give):

Table with 4 columns: Employer, Address of Employer, Telephone Number, Length of Employment. Rows for (yourself) and (others).

Military: Rank/pay grade? _____ Do you live in military housing? _____ What (BAQ) are you entitled to? \$ _____ Do you receive it? _____ Or is paid to your landlord? _____ What (BAS) are you entitled to based upon your rank? \$ _____ Do you receive it? _____

Assets and Liabilities :

A) Are you an owner or part owner of real property? _____ If yes, complete the following:

1) Property address: _____ Assessed Value: \$ _____

2) Type of property: (commercial, residential, vacant land, etc.) _____

3) Mortgage Balance: \$ _____ Owed to:(to whom payments are made) _____

4) Monthly income from any property: \$ _____

B) List all vehicles of every kind which are owned by yourself or any family member in the household.

C) Cash on hand \$ _____ How much money in ALL bank accounts \$ _____

Name, addresses, and account numbers of all banks, credit unions, etc:

D) Other assets - (stocks, bonds, trust interest, etc., whether solely owned or owned with others): _____

E) Monthly Obligations: Rent: \$ _____ Child Support \$ _____ # of Children _____ Alimony \$ _____

F) Other Debts: Amount owed, to whom owed, and monthly payment: _____

MONEY RECEIVED BY ALL HOUSEHOLD OCCUPANTS IN THE HOME FROM ANY SOURCE **PER MONTH**.
PLEASE PROVIDE THIS INFORMATION ON A SEPARATE SHEET OF PAPER IF NEEDED.

	You	Your Father/Husband	Your Mother/Wife	Other	Total Monthly
Wages or Salary (Gross)					
Unemployment Insurance (Gross)					
Workers Compensation					
Social Security					
Disability Insurance (Gross)					
Pension Income (Gross)					
Social Services					
Money from other sources					
Child Support					

HOUSEHOLD MONTHLY INCOME \$ _____

I authorize you to provide a copy of this affidavit to the Judge to assist in determining whether the Public Defender should be appointed to represent me. I hereby waive any and all privilege, either attorney-client or otherwise, in or to the financial information contained in this financial status affidavit, or the statements contained therein.

I hereby authorize the Public Defender's Office, by my signature below, the right to request from all person any information in regard to me, either written or oral, in any form whatsoever, without specific written authorization from me, upon the presentation of a photocopy of this statement, said statement to have the same force and effect as a fully executed release and request for information.

All attachments to this affidavit are true and accurate copies of any original of the document they are purported to be, and are sworn to under oath, with the same full force and effect as any and all statements made within the body of this affidavit.

Date: _____
Defendant (If age 18 or under or under 21 and living with parents or Guardian, parents or guardian must also sign this form.)

WARNING: THE INFORMATION ON THIS FORM IS NOT CONFIDENTIAL. IT MAY BE REVEALED TO THE PROSECUTOR AND THE PUBLIC. THE PUBLIC DEFENDER MAY REPRESENT WITHOUT CHARGE ONLY PEOPLE WHO MEET THE FEDERAL POVERTY GUIDELINES STANDARDS FOR ELIGIBILITY.

RETURN APPLICATION ONCE COMPLETED TO :
JEFFERSON COUNTY PUBLIC DEFENDER'S OFFICE
JEFFERSON COUNTY OFFICE BUILDING
175 ARSENAL STREET, FOURTH FLOOR
WATERTOWN, NEW YORK 13601
Phone: 315-785-3152