



JEN METZGER

County Executive

ULSTER COUNTY PUBLIC DEFENDER

**280 Wall Street, 2nd Floor, Suite 3
P.O. Box 1800
Kingston, New York 12402-1800**

Ph: 845-340-3232
Fax: 845-340-3744

ELIZABETH M. CORRADO
Public Defender

JOEY DRILLINGS
Chief Assistant Public Defender

TIMOTHY LAWSON
Deputy Chief Assistant

KRIS PETERSON
Supervising Family Court
Attorney

If you have been charged with a crime and need an attorney but cannot afford one, you may be eligible for assigned counsel. **Please fill out the attached form and bring it to the Public Defender's Office at 280 Wall Street, Second Floor, Kingston, NY. You do not need to make an appointment.**

The Public Defender's office hours are 9:00AM until 5:00PM, Monday through Friday. If you are unable to come to the Public Defender's office, we can accept the form via fax (845-340-3744) or email at PubDef-Intake@ulstercountyny.gov. You may also call us for more information (845-340-3232, #1)

DO NOT RETURN THE FORM TO THE COURT!

What to expect at your meeting at the Public Defender's office

1. Complete the form to the best of your ability prior to visiting the Public Defender. (*If you are unsure of how to answer a question, someone at the PD's office will assist you when you arrive or you can call us for assistance*). Please note, the more information you give us, the better we will be able to assist you. If you are receiving public assistance for example, SNAP or Medicaid, please bring your identification card with you, if possible.
2. Once you have completed the attached form, you will meet with a member of the Public Defender's office who will review your form and ask questions, if she needs more information from you.
3. When your application has been reviewed (most often the same day you bring it in), you will be advised whether you are eligible for a free attorney.
4. If you are eligible for counsel and there is *no* conflict that would prevent the PD's office from representing you, you will be advised of your attorney's name and be given their contact information at your appointment.
5. If you are eligible and the PD *cannot* represent you due to a legal conflict, we will inform the court of your eligibility and the court will assign someone to represent you.
6. If it is determined that you are not eligible, you are entitled to know the reason and to ask for a review of that determination. You will be given information on that process at your appointment.

If you have any questions regarding this process, please call 845-340-3232, #8 to speak with someone who can help you.

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
PubDef-Intake@co.ulster.ny.us
280 Wall Street, Kingston, NY 12401
845-340-3232 option #1

Date: _____

Screened by: _____

PART I

PERSONAL INFORMATION	CURRENT CASE INFORMATION
Full Name: _____	Arrest Date: _____ Arraignment Date: _____
Date of Birth: _____	Docket No. (if available): _____
Home Address: _____ _____	Name of Court: _____
Home phone: _____ _____	Judge: _____
Cell phone: _____ _____	Charges: _____ _____
Email: _____ _____	Co-Defendants (if any): _____ _____
Number of financial dependents in household: _____ _____	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 <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly
Instructions for Court/Screener: Using the FPG Income chart, is the applicant's income at or below 250% of the FPG? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER CIRCUMSTANCES:
1) Is the applicant currently incarcerated, detained, or confined to a mental health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____	Date: _____
 Applicant: Stop here. Await further instructions.	
Instructions for Court/Screener: Is Applicant presumptively eligible for assigned counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No [If Yes, counsel shall be assigned. If No, proceed to Part II of the application]	

CONFIDENTIAL**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: _____