APPLICATION FOR GREENE COUNTY PUBLIC DEFENDER'S OFFICE

ANGELO F. SCATURRO, ESQ.
GREENE COUNTY PUBLIC DEFENDER
411 Main Street
Catskill, New York 12414
(518) 719-3220 (Telephone) (518) 719-3785 (Facsimile)

Date_____

Name of Court _____ Court Date _____

Charges/Matter _____ Co-Defendants/Respondent_____

Personal Information:

Name _____ Date of Birth _____ Age_____

Address _____ City/State/Zip _____

Telephone _____ Driver's License # _____

Marital Status _____Place of Birth _____ Are you a U.S. Citizen_____

If not a citizen, state your status in the US_____ Country of Birth _____

Number and ages of children living w/you _____
Please specify number of children and ages of children living with you that are your children or you have legal custody of or guardianship of _____

Education _____ Are you or were you in the Military Service_____

If the answer to Military Service above is yes please state: date of service _____ branch _____
type of discharge _____

If you are under the age of 21 and not emancipated, this form must be completed with your parents financial information

Income:

Name/Address of employer _____

Type of work _____ Weekly Gross pay $_____

Weekly Net or take home pay $_____

Public Assistance monthly income $_____ SSI/SSD monthly income $_____

Workers comp. income $_____ Private disability monthly income $_____

All other income _____

If you show no income above, please explain your means of support:_____

Do you have any lawsuits currently pending of any kind:___yes___no, if yes please explain:_____

Do you receive or do you expect to receive any monetary payments as a result of any claims or as the result of any bequest or inheritance:____yes_____no if yes, please explain_____

Household Income

Marital Status: ___Married____Single___Separated____Divorced _____Other
Is your spouse(partner) employed or self employed:___Yes____No, If yes, please state spouse/partner's employer or self employment:_____
Address_____
Spouses Income:$_____per year $_____per hour$_____per week$_____
Income of members of household:$_____per year $_____per hour $____ per week

Please check if you, your spouse or your dependents receive:
__public assistance amount_____/month or week
__unemployment Ins amount_____/month or week
__social security disability amount_____/month or week
__social security amount_____/month or week
__child support amount_____/month or week
__ pension amount_____/month or week
__alimony amount_____/month or week

List source and amount of any other income not included above:_____

Assets:

List all savings/checking accounts, providing the location (which bank) and average monthly balance:_____
List all bank accounts, credit union accounts and trust funds in your name or jointly with others stating the location and the average monthly balance: _____
balance:_____
_____
_____
_____
_____
Do you have cash on hand:____yes___no If yes, please state the amount:_____
List all real estate owned by you, you and your spouse/partner or owned by you and another:_____
purchase price:_____current market value:_____
outstanding mortgage:_____
List all real businesses owned by you, you and your spouse/partner or you and another:_____
purchase price _____current market value:_____
List any assets and value of those assets not covered above:_____
Do you own a mobile home or motor home: __yes __no If yes, what was the purchase price $_____
What is the current value $_____
Do you own a vehicle___yes___no If yes, state the year, make and model_____
state the purchase price:$_____ state the market value;&_____
Does your spouse own a vehicle____yes____no If yes, state the year, make and model:_____
state the purchase price:$_____state the market value:$_____

Do you own a ATV's/Motorcycles/Snowmobile:____yes_____no If yes, state the year, make and model _____ State the purchase price:$_____state the market value:$_____

Debts: Please specify the following expenses you incur on a monthly basis.

Mortgage $	Rent $	Telephone $
Food $	Cable $	Garbage $
Utilities $	Auto Payments $	Credit Cards $
Water $	Car Insurance $	Loans $
Property Taxes $	Home Fuel $	Other $

Do you share the payment of these expenses with anyone else in your household?_____yes_____no If yes, please state with whom_____and explain_____

PLEASE TELL THE INVESTIGATOR IF YOU SUFFER FROM ANY MENTAL DISABILITIES AND/OR IF YOU HAVE ANY PAST CRIMINAL HISTORY.

Previous Criminal Record:

Charge _____ Court _____Date _____

Disposition _____

Parents/Other contacts:

Father _____ Mother _____

Address _____ Address _____

_____ _____

Phone _____ Phone _____

Do we have permission to speak with any of the above: ____yes ____no. Please list any individuals you authorize members of the public defender's office to speak with concerning your case_____.

_____

IF THE PUBLIC DEFENDER IS ASSIGNED TO YOUR CASE, YOU MUST IMMEDIATELY NOTIFY THE PUBLIC DEFENDER'S OFFICE IN THE EVENT OF ANY CHANGE IN EMPLOYMENT OR FINANCIAL STATUS. THE PUBLIC DEFENDER RESERVES THE RIGHT TO MAKE APPLICATION PURSUANT TO THE APPLICABLE COUNTY LAW FOR PAYMENT OF LEGAL FEES, REIMBURSEMENT OF THE EXPENSE OF REPRESENTATION AND/OR TERMINATION OF REPRESENTATION IN THE EVENT OF A CHANGE IN CIRCUMSTANCES._____Initial here

I hereby swear, under penalty of perjury, that the answers given are true and correct. I authorize release of information to the Greene County Public Defender's Office, the Court, the County of Greene, or their designated agents. I understand that this information may be investigated and that the information provided may be used to obtain payment of any fees ordered paid by me, or on my behalf, for representation. _____ Initial here

I HEREBY AUTHORIZE AND UNDERSTAND THAT MY CREDIT REPORT/MOTOR VEHICLE RECORDS, ETC. MAY BE OBTAINED TO VERIFY THE TRUTH OF MY FINANCIAL DISCLOSURE. _____Initial here

Intentionally giving false information on this application constitutes a crime. Any evidence of an intentional misstatement regarding applicant's financial eligibility will be presented to the authorities and may be prosecuted accordingly. _____ Initial here

I understand that if I were to file a new petition or receive a new petition or receive another criminal charge, I **must** reapply to the public defender's office for each new petition/charge in order to be represented on that new petition or charge. _____Initial here

I have read and understand the above notice.

_____
Signature of Applicant

Sworn to before me this

_____day of _____, 201__

_____
Print Name Signed

GREENE COUNTY PUBLIC DEFENDER

Public Defender
Angelo F. Scaturro

First Assistant Public Defender
Christina F. Myers

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Catskill, New York 12414
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Assistant Public Defenders
Jon A. Kosich
Olivia A. Lieber
Bethene A. Lindstedt
Zachary P. Halperin

Permission to Destroy Case Records

By signing below, I _____, a client of the Greene County Public Defender's Office, instruct said office to dispose of my file by destroying and/or shredding the file(s) six (6) years subsequent to final disposition of my pending matter.

Dated:_____, 20____ Signed:_____

Client's Name