

ELIGIBILITY APPLICATION FOR LEGAL SERVICES

(Rev. 8/12)

Oneida County Public Defender-Civil Division

Oneida County Office Building

800 Park Avenue, 9th Floor

Utica, New York 13501

Tel: 315-266-6100 Fax: 315-266-6105

ASSIGNED ATTORNEY: _____

**THIS APPLICATION MUST BE FILLED OUT
COMPLETELY
AND NOTARIZED TO BE CONSIDERED
(Both Sides)**

Docket #'s: _____ **Family File #:** _____

Type of matter (circle): Neglect Custody Visitation Support Family Offense Paternity PINS/JD Adoption

Is this an initial Petition? Yes No Does petition involve a violation of previous court order? Yes No

Are you the Petitioner or Respondent in this Matter? _____

Court: Utica Rome **Next Court Date:** _____ **Time:** _____ **Judge:** _____

Purpose of Next Court Appearance: _____

Your Present Name: _____

Are You known by any other name(s)? _____

Opposing Party or Parties Name(s): _____

Opposing Party's Relationship to child(ren)? (Circle) Mother Father Grandparent Other: _____

Your Personal Information

Have you ever been represented by the Public Defender Civil Division? Yes No If so, When _____

Date of Birth: _____ **Male Female Social Security Number:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #s: Home: _____ **Cell/Message:** _____ **Work:** _____ **(Ext. _____)**

Are you? (Circle): Single Married Divorced Separated Widowed

Your Relationship to the child(ren)? (Circle) Mother Father Grandparent Other: _____

Child (ren)'s Name	Date of Birth	Mother's Name	Father's Name

HOUSEHOLD INCOME

INCLUDING YOU, number of people living in household where you currently reside: _____

DO YOU WORK? Yes No If yes, Where?

1. Your Total Gross (before tax) income: \$ _____ Circle one: Weekly Bi-Weekly Monthly Yearly

2. Income of other Member(s) of Household: \$ _____ Circle one: Weekly Bi-Weekly Monthly Yearly

Your relationship to the other member(s) of household earning income? _____

3. State any income from the following sources? (**circle all that apply and indicate amount per month**):

Workers' Compensation: Disability Benefits: Public Assistance:

Unemployment Insurance: Social Security Benefits: Veterans Benefits:

Pension/Retirement Benefits: Other Income:

Assets: (If none, so indicate)

a. Bank Acct. Balances (total)\$ _____

b. Child support you receive\$ _____

c. Automobile, Yr. and Make _____

d. Equity in your Home\$ _____

e. Other Real Estate Owned\$ _____

f. Securities, Annuities, Trusts\$ _____

Expenses:

a. Rent/Mortgage Payment\$ _____

b. Child Support you pay\$ _____

c. Automobile Payment\$ _____

d. Telephone\$ _____

e. Utilities\$ _____

f. Other monthly payments\$ _____

I have read the statements given above and declare that they are true and correct.

WARNING: OFFERING FALSE INFORMATION TO A PUBLIC OFFICIAL IS A CRIME

NOTICE: IN THE EVENT YOU BECOME NO LONGER ELIGIBLE UNDER OUR FINANCIAL GUIDELINES YOUR SIGNATURE BELOW INDICATES YOU AGREE TO REIMBURSE THE COUNTY OF ONEIDA FOR ANY LEGAL SERVICES RENDERED BY US ON YOUR BEHALF AT THE RATE OF \$75.00 PER HOUR FROM THE DATE OF YOUR LOSS OF ELIGIBILITY

Applicant's Signature

MUST BE NOTARIZED

Sworn to before me this

_____ day of _____, 20_____

Notary Public/Commissioner of Deeds/Deputy Clerk of Court

My Commission Expires _____

↓PUBLIC DEFENDER CIVIL USE ONLY↓

Client is: Eligible Ineligible Date: Initials: