

Otsego County Family Court Assigned Counsel Affidavit

updated 12/2/14

Please return completed affidavit to Otsego County Family Court, 32 Chestnut St., Cooperstown, NY 13326

You MUST provide PROOF OF INCOME, such as paycheck or paystub, determination of benefits, sworn statement of whoever is providing your support, etc. along with this application.

Failure to do so may result in delay or denial of your application.

All questions must be answered, or your application may be denied.

If you are under 21, and living at home, you must provide all financial information for your parents.

If you are married and live with your spouse, you must provide all financial information for your spouse.

Case: _____ v. _____

Family No. _____ Docket No. _____

Type of Proceeding request is for: _____ Paternity _____ Support
_____ Custody _____ Visitation _____ Family Offense _____ Neglect/Abuse _____ PINS/JD

Name: _____

Physical Address: _____

Mailing Address (if different): _____

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security Number _____ Date of Birth _____ Marital Status _____

List any other names you have used: _____

Your role in the proceeding: ___ Petitioner ___ Respondent ___ Other: _____

Your relationship to the child(ren) named in the petition: Father Mother Other _____

Have you, or any other party or witness that you know of, been represented in the past by the Public Defender's Office? N Y * *If yes, please briefly state who was represented by the Public Defender's Office or any other attorney: _____

Who was the attorney? _____

What were you/they in Court for: _____

People (**other than you**) who live in your household. Continue on separate page if necessary:

| Name: | Age: | Relationship to you: |
|-------|-------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have a savings account? Y N Current balance: \$ _____

Do you have a checking account? Y N Current balance: \$ _____

Do you own a home or other real property? Y N Value of property \$ _____

Amount owed on mortgage \$ _____

Do you own an automobile? Y N Year, make and model _____

List all other assets and their value: _____

Amount of Rent which you pay \$ _____

Do you receive child support? Y N Amount \$ _____ Weekly Monthly

Do you pay child support? Y N Amount \$ _____ Weekly Monthly

Do you receive spousal support? Y N Amount \$ _____ Weekly Monthly

Do you pay spousal support/alimony/maintenance? Y N Amount \$ _____ Weekly Monthly

Do you receive Public Assistance? Y N Medicaid? Y N Food Stamps? Y N

Do you (or any household member) receive SSI or SSD? Y N Monthly amt.\$ _____

Do you receive unemployment? Y N Monthly amt.\$ _____

Are you currently employed? Y N You must list information on **ALL employers** (use additional page if needed)

If you are not employed, how do you support yourself? _____

(If you are self employed, you must attach your most recent tax return)

1. For yourself: Name & Address of Employer _____

Position: _____ Hrs. per wk _____ Weekly gross salary \$ _____ Weekly Net Salary \$ _____

2. For yourself: Name & Address of Employer _____

Position: _____ Hrs. per wk _____ Weekly gross salary \$ _____ Weekly Net Salary \$ _____

3. For spouse/parent/ member of household: Name & Address of Employer _____

Position: _____ Hrs. per wk _____ Weekly gross salary \$ _____ Weekly Net Salary \$ _____

Position: _____ Hrs. per wk _____ Weekly gross salary \$ _____ Weekly Net Salary \$ _____

NOTICE: IF AN ATTORNEY IS ASSIGNED TO YOU, YOU MAY BE REQUIRED TO REPAY THE COUNTY FOR ALL OR PART OF THE COST OF YOUR DEFENSE.

I affirm that the information I have provided is true, correct and complete. If the Family Court cannot verify this information, I understand that I may be liable for costs and attorney fees. I agree to inform the Family Court immediately if any of the information provided should change.

Dated: _____

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20__

Reviewed by: _____
Family Court Judge

Notary Public Clerk of the Court

Recommendation: _____
Reasons: _____

Dated: _____