

APPLICATION FOR ASSIGNED COUNSEL

STATE OF NEW YORK)
COUNTY OF WESTCHESTER SS
VILLAGE OF BRONXVILLE)

DATE: _____ DOCKET#: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Social Security #: _____

Age: _____ Marital Status: _____ Spouse Name: _____

Name & Address of children: _____

Educational Background: _____

Own Automobile: _____ If so, make & model: _____

Residence Owned or Rented: _____ Amount Rent/Mortgage: _____/month

Employer Name and Address: _____

Occupation: _____ How long: _____ Rate of Pay: _____

Debts: _____ Bank Account: _____ Savings/Checking: _____

Names of Nearest Relatives/Interested Parties: _____

I, _____, being duly sworn, deposes and says that:

- 1. I am ___ years of age and make this affidavit in support of my request that the Legal Aid Society of Westchester County provide legal assistance to me, without charge, in a criminal proceeding which I am now involved.
2. I have no funds to retain or pay counsel, nor do I have assets which could be sold or used as collateral for a loan in order to enable me to make any reasonable payment to counsel.
3. There is no one in my immediate family who has funds or resources sufficient to enable him or her to retain counsel on my behalf.

Date

Defendant's Signature

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20

Notary Public