MONTGOMERY COUNTY PUBLIC DEFENDER'S OFFICE

P.O. Box 1500, 9 Park St., Fonda, NY 12068
Phone: 518-853-8305 / Fax: 518-853-8308

Montgomery County Correctional Facility 853-87

From Montgomery County Correctional Facility 853-8306

APPLICATION – Criminal Court

NOTICE TO APPLICANT:

- 1. You have the right to be represented by counsel in this proceeding if you qualify.
- 2. Please <u>COMPLETE</u> this Affidavit and return promptly to the Public Defender's Office. <u>Answer ALL questions</u> to the best of your ability. Do not leave any questions unanswered.

If all questions are not answered, your application may be RETURNED to you UNPROCESSED.

APPLICANT INFORMATION							
1.	Your Full Name	Date:					
2.	Other names that you are or have been known by						
3.	Home Mailing Address						
	Note: You must notify the Public Defender's Office of any address, email or phone change.						
	Email Address:						
4.	Date of Birth Gender [] male [] female Social Security #						
5.	Phone Secondary No(s)						
6.	Born in USA? [] yes [] no Citizen of USA [] yes [] no Green card [] yes [] no						
7.	Marital Status: Married/Single/Divorced/Separated/Widowed Spouse's Full Name						
8.	How many biological children do you have? Name Age						
9.	Number of histogical adopted and/or local quotady shildren re-						
	Number of biological, adopted and/or legal custody children residing with you (under 21)						
10.	Do you <i>currently</i> pay support for these children? How often Amount \$						
11.	If there is a Court Support Order in place, please indicate Court						
12.	Number of dependents under 21 being claimed						
COURT/CHARGE INFORMATION							
1.	Next Court date: Time:	Date of arrest:					
2.	COURT: County, City, Town, Family, IDV, Village of	Judge:					
3.	Are you currently in jail? [] yes [] no Bail amount:	Is this a Felony? [] yes [] no					
4.	Charges against you:						
5.	Name of any Co. Defendant's involved:						
If there	are Current Family court matter(s) pending:						
1.	Next court date:Time:	Are you the: [] Petitioner, [] Respondent or [] Both?					
2.	File No(s).:Family Court Docket No.	:Attorney Representing:					
3.	Type of Petition filed:	1 st Initial Court Appearance Date on <i>this</i> petition:					
4.	Name of any other persons named in Family Court Petition:						

LMPI	LOYMENT INFORMATION (The following que	•	-	•	1e)		
1.	What is your occupation?						
2.	Name/Address of Employer						
3.	Length of Employment						
4.	Hourly rate of pay \$ [] Full-time	[] Part-time	Number of ho	urs a wk			
5.	Amount of pay before taxes \$	[] Weekly	[] Bi-wkly	[] Monthly	[] Yearly		
6.	If you are receiving or plan to receive, please circle & indicate details: Heap, Hudd, Housing, Food Stamps,						
	Unemployment, SSI, SSD, Workman's Comp., DSI, Pension, Support, Trust Fund, SNAP, TANF, PA, Survivor Benefits etc.						
	other:						
7.	How much \$ How often _	Otl	ner?				
8.	8. If you are unemployed and not receiving any assistance , indicate how you are meeting your living expenses:						
SECO	NDARY INCOME						
1.	Source of income						
2.	Amount of pay (before taxes) or assistance recei	ved \$	[] Weekly	[] Bi-wkly	[] Monthly		
ASSE							
	House [] yes [] no Market Value \$	Total	balance owed on	mortgage \$	no Value \$		
	Property[] yes [] no Value \$	Year &	& Make		 -		
	Amount in Checking \$ Amount in Savings \$ Amount on hand \$ Name of bank and location						
	Name of bank and focation						
DEBT	'S Rent/Mortgage \$						
CRIM	INAL HISTORY						
1.	Have you ever been <i>Convicted</i> of?: [] Felony,	[] Misdemeanor,	[] Violation	Year			
2.	Have you ever been legally classified a person (a						
3. 4.	Have you ever been represented by this office be Do you have any other pending cases? [] yes [-					
5.	Are you on Probation? [] yes [] no Parole?	[] yes [] no Thro	ough which Cour	t/Judge:	<u> </u>		
NOTI(CF•						
NOTE	If you become employed while this case is pendi	ng you must notify th	ne Public Defende	er's Office with the	e name/address of m		
employ	yer. I have examined the above statements made by	y me, and to the best	of my knowledge	e and belief, they a	re true and correct.		
		Signat	ture of Applicant		Date		
		J	**				

9/26/25

PLEASE COMPLETE BOTH SIDES OF FINANCIAL AFFIDAVIT

BE SURE that you answered EVERY QUESTION COMPLETELY or it may be **RETURNED to you UNPROCESSED**.