MONTGOMERY COUNTY PUBLIC DEFENDER'S OFFICE

P.O. Box 1500, 9 Park St., Fonda, NY 12068
Phone: 518-853-8305 / Fax: 518-853-8308
From Montgomery County Correctional Facility 853-8306

APPLICATION – Family / IDV Court

NOTICE TO APPLICANT:

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

If all questions are not thoroughly 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 and/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, adopted or legal custody children do you have? _____ Name_____ Age _____

_____ _____

9. Number of biological, adopted and/or legal custody children residing with you (under 21) _____

10. Do you *currently* 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 INFORMATION

1. Next Court date:_____Time:_____Are you the: [ ] Petitioner, [ ] Respondent or [ ] Both?

2. File No(s).: _____Family Court Docket No.:_____

3. Type of Petition filed:_____ 1st Initial Court Appearance Date on *this* petition:_____

4. Name of any other persons named in Family Court Petition:_____

5. Are there any current **Criminal** charges against you (please list): _____

6. Date of arrest:_____ Is this a Felony? [ ] yes [ ] no Attorney representing:_____

7. Court and Judge:_____ Are you currently in jail? [ ] yes [ ] no Bail amount: _____

8. Name of any Co. Defendant's involved:_____

PLEASE COMPLETE BOTH SIDES OF FINANCIAL AFFIDAVIT

EMPLOYMENT INFORMATION (The following questions are in regard to **you and/or anyone in your home)**

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 hours 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 _____ Other?_____

SECONDARY INCOME

1. Source of income _____
2. Amount of pay (before taxes) **or** assistance received $_____[ ] Weekly [ ] Bi-wkly [ ] Monthly

ASSETS **Do you own any of the following? CHECK BOX**

House [ ] yes [ ] no Market Value $_____ Total balance owed on mortgage $ _____
Property [ ] yes [ ] no Value $ _____ Stocks/bond/CD's/trust fund [ ] yes [ ] no Value $_____
Vehicle [ ] yes [ ] no Value $ _____ Year & Make _____
Amount in Checking $_____ Amount in Savings $ _____ Amount on hand $_____
Name of bank and location _____

DEBTS Rent/Mortgage $_____

CRIMINAL HISTORY

1. Have you ever been *Convicted* of?: [ ] Felony, [ ] Misdemeanor, [ ] Violation Year_____
2. Have you ever been legally classified a person (adult or child) in need of supervision or as a juvenile delinquent? _____
3. Have you ever been represented by this office before? [ ] yes [ ] no Year_____Charge/Attorney_____
4. Do you have any other pending cases? [ ] yes [ ] no Court/Attorney_____
5. Are you on Probation? [ ] yes [ ] no Parole? [ ] yes [ ] no Through which Court/Judge: _____

NOTICE:

If you become employed while this case is pending you must notify the Public Defender's Office with the name/address of my employer. I have examined the above statements made by me, and to the best of my knowledge and belief, they are true and correct.

_____

Signature of Applicant Date

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

9/26/25

PLEASE COMPLETE BOTH SIDES OF FINANCIAL AFFIDAVIT