

FINANCIAL AFFIDAVIT

In Support of Request to be Assigned Counsel

STATE OF NEW YORK

COUNTY OF CHEMUNG

I, _____, being duly sworn, voluntarily depose and state that I am financially unable to employ an attorney to represent me in regard to the charge or charges against me and furnish the following information for the purpose of enabling the court to determine whether or not I am entitled to the appointment of an attorney to represent me.

****FAILURE TO COMPLETE THIS AFFIDAVIT IN ITS ENTIRETY,
WILL RESULT IN DENIAL OF ASSIGNED COUNSEL****

PERSONAL INFORMATION:

A. Name: _____ Date of Birth: _____

B. Address: _____

Email Address: _____ Phone Number: _____

C. Children you are supporting (Check box (☒) next to the children who primarily reside with you)

NAME

AGE

DATE OF BIRTH:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

D. Husband or Wife's full name: _____

I am (check one):

☐ Living with my spouse ☐ Separated as of _____

☐ Divorced as of _____ ☐ Divorced and remarried to _____

E. **Do you have any matters currently pending before another court, i.e. City/County/Town & Village:** _____ **If yes, what court(s):** _____

F. **Are you currently represented by an attorney in another court?** _____
If yes, who is your attorney: _____

INCOME: Please attach a copy of your recent paystub and complete the following

A. ☐ I AM NOT in receipt of any needs-based services, such as SNAP, Medicaid, or housing assistance

☐ I AM in receipt of needs-based services; the services I receive are:

B. I am: ☐ Employed ☐ Unemployed

C. Name of Employer: _____

D. Address of Employer: _____

E. Hours worked per week: _____

F. I am paid (circle one): Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐

G. Gross Salary or wages Per Pay Period (pre-tax): \$_____

H. Number of Dependents claimed: _____

I. Paycheck Deductions:

- a. Social Security: _____
- b. State Tax: _____
- c. Federal Tax: _____
- d. Other Deductions: _____
specify (do not include credit union, savings or loan payments)
- e. Total Deductions: _____

J. Net Salary or wages Per Pay Period (after-tax): \$_____

J. Income from other sources _____ \$_____/month specify
(i.e., part-time jobs, tips, rents, bonuses, pension, dividends, unemployment,
disability, welfare, etc.)

K. Total gross income last year (see prior year tax return): \$_____

L. Net monthly income of other members of household (**the income of any other adult in the household must be included here**):

Specify Name and source of income: _____ \$_____
_____ \$_____
_____ \$_____

M. **Total net monthly income of household:** \$_____

N. If you are **not employed**, what source of income do you have?

_____ Amount per week/month (circle one): \$_____

EXPENSES:

PER MONTH

- A. Rent/Mortgage _____
- B. Real Estate Taxes _____
- C. Utilities
 - a. Electricity _____
 - b. Gas _____
 - c. Oil _____
 - d. Water _____
 - e. Other _____
- D. Food _____

- E. Clothing _____
- F. Automobile _____
 - a. Insurance _____
 - b. Gas/Oil _____
 - c. Repairs _____
- G. Medical Expenses: _____
 - a. Doctors _____
 - b. Dentists _____
 - c. Medication _____
 - d. Other _____
- H. Insurances: _____
 - a. Life _____
 - b. Medical _____
 - c. Home/Fire _____
 - d. Other _____
- I. Child Care: _____
- J. Subscriptions: _____
- K. Recreation/Entertainment _____
- L. Other Expenses (specify, attach additional page if necessary)

Total Monthly Expenses \$ _____

ASSETS:

- A. Residence: How owned (check one): ____ Husband ____ Wife ____ Joint
 Address: _____
 1. Market value: \$ _____
 2. Mortgage owed: \$ _____
- B. Other Real Estate: How owned (check one): ____ Husband ____ Wife ____ Joint
 Address: _____
 1. Market value: \$ _____
 2. Mortgage owed: \$ _____
- C. List any real property transferred in the last six months:

- D. Household furnishings: How owned (check one): ____ Husband ____ Wife ____ Joint
 1. Market value: \$ _____
 2. Encumbrances: \$ _____
- E. Cash on hand or in bank:
 1. Savings Account: \$ _____
 2. Checking Account: \$ _____
 3. Cash: \$ _____
- F. Automobile(s):
 Year/Make/Model: _____ How owned: ____ Husband ____ Wife ____ Joint
 Value: \$ _____ Encumbrances: \$ _____

Year/Make/Model: _____ How owned: ___Husband ___Wife ___Joint

Value: \$_____ Encumbrances: \$_____

G. Stocks and Bonds: _____ How owned: ___Husband ___Wife ___Joint

Market value: \$_____

H. Claims and Receivables: _____ How owned: ___Husband ___Wife ___Joint

Value: \$_____

I. Other property (i.e. recreational vehicles, specify)

_____ Value: \$_____

_____ Value: \$_____

_____ Value: \$_____

TOTAL ASSETS: \$_____

**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.**

APPLICANT TO READ AND COMPLETE ACKNOWLEDGMENT BELOW:

VERIFICATION BY SUBSCRIPTION AND NOTICE UNDER Penal Law § 210.45

It is a crime, punishable as a Class A misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Affirmed under penalty of perjury this *[date of affirmation]*: _____

Signed: _____

Print Name: _____

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TO BE COMPLETED BY THE COURT:

File: _____ Court Date: _____ Judge: _____

Applicant Prior Atty: _____ Atty. Conflicts: _____

Type of Proceedings: V NN/NA F P O Other:

Meets FCA? Y or N

Meets Income Guidelines? Y or N

Judge to Review? Y or N

Assign _____

Deny _____

If denied, reason: ☐Form incomplete
☐Does not qualify financially for assigned counsel
☐Does not qualify for assigned counsel under FCA
☐Other: _____