

County Family Court Assigned Counsel Affidavit

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 our spouse, you must provide all financial information for our spouse.

Case: _____ FF# _____ Judge/SM: _____

Your Name: _____ Phone Number _____

Your Address: _____
Street Apt # City State Zip

Social Security Number [][][] - [][] - [][][][] Date of Birth [][] / [][] / [][] Marital Status _____

List any other names you have used:

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

Are you in the Broome County Jail? Y N Are you in a State Correctional facility? Y N
Have you been sentenced? Y N

Have you, or any other party or witness that you know of, been represented in the past by Legal Aid? Y N
If yes, please briefly state who was represented by Legal Aid and what the nature of the matter was:

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 _____

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

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: Name & Address of Employer _____

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

4. For spouse/parent: Name & Address of Employer _____

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

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

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

Amount of Rent which you pay \$ _____

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

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.

Signature of Applicant

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

 Notary Public Clerk of the Court