

**CONFIDENTIAL-FAMILY COURT  
STATE OF NEW YORK-COUNTY OF WARREN  
APPLICATION FOR COUNSEL – PART I**

**APPLICANT INFORMATION**

Full Name:

Date of birth:

SSN:

Home Phone:  
Cell Phone:

Current address:

Email Address:

City:

State:

ZIP Code:

Marital Status:

Were you born in the US?

Yes  No

Number of Financial Dependents in Household (list all, including minors, adult caregivers, elderly or disabled):

**CURRENT CASE INFORMATION**

Court: Warren County Family

Judge:

Next Court Date:

Matter:

Appearance Time:

Other Party(s):

Witness(es):

**EMPLOYMENT INFORMATION**

Occupation (if student, indicate the school attending; if self-employed, describe what type of work you do):

Current Employer - Name and Address:

Net Pay (Take Home): \$ \_\_\_\_\_ per (circle one) week / bi-weekly / month / year

**OTHER CIRCUMSTANCES**

1. Is applicant incarcerated, detained, hospitalized or confined to a mental health facility?  Yes  No
2. Is applicant currently receiving, deemed eligible or pending receipt of need-based PA?  Yes  No
3. Has applicant been deemed eligible for assigned counsel in the past six (6) months?  Yes  No

**SIGNATURE OF APPLICANT**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT STOP HERE. AWAIT FURTHER INSTRUCTIONS.**