



**WAYNE COUNTY PUBLIC DEFENDER**

26 Church Street, Second Floor  
Lyons, New York 14489  
(315) 946-7472  
(315) 946-7478 (FAX)



**AFFIRMATION OF FINANCIAL STATUS**  
COUNTY OF WAYNE

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you born outside of the United States? Yes \_\_\_ No \_\_\_ If yes, where were you born? \_\_\_\_\_

Primary Telephone No.: \_\_\_\_\_ Alternate Telephone No.: \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_ Alias/Nickname: \_\_\_\_\_

Marital Status: Unmarried/Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently attending school? YES \_\_\_ NO \_\_\_ Name of School: \_\_\_\_\_

If not, highest grade completed? \_\_\_\_\_ GED? \_\_\_\_\_

Please list all members in the household who are currently living with you:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>EARNINGS FROM EMPLOYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CRIMINAL CASE INFORMATION**

Court: \_\_\_\_\_ Town Village Judge's Name: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

**CHARGES:**

\_\_\_\_\_ Felony Misdemeanor Violation

\_\_\_\_\_ Felony Misdemeanor Violation

\_\_\_\_\_ Felony Misdemeanor Violation

**Were you booked in and required to post bail at the Wayne County Jail? Yes  No**

**INCOME (Gross Amount)**

<u>TYPE</u>	<u>AMOUNT</u>
Employment/Self Employment	\$ _____
Unemployment Benefits	\$ _____
Child Support	\$ _____
Disability Payments	\$ _____
Social Security/SSI	\$ _____
Student Loans/Grants	\$ _____
Public Assistance	\$ _____
(not food stamps)	\$ _____
Other: _____	\$ _____

**DEBTS**

<u>TYPE</u>	<u>AMOUNT</u>
Rent/Mortgage	\$ _____
Child Support	\$ _____
Car Payment	\$ _____
Personal Loans	\$ _____
Credit Cards (combined)	\$ _____
Heat/Electric (combined)	\$ _____
Other: _____	\$ _____

Name of Bank: \_\_\_\_\_ Checking Balance: \_\_\_\_\_ Savings Balance: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employers Name: \_\_\_\_\_ If self-employed, your occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

If **UNEMPLOYED**, how long? \_\_\_\_\_ Name of last employer: \_\_\_\_\_

Have you ever been arrested? Y / N If so, when? \_\_\_\_\_ What Court? \_\_\_\_\_ What for? \_\_\_\_\_

If closed, what was Disposition? \_\_\_\_\_

Are you on Probation? Y / N For how long? \_\_\_\_\_ If so, who is your Officer? \_\_\_\_\_

Are you on Parole? Y / N For how long? \_\_\_\_\_ If so, who is your Officer? \_\_\_\_\_

Any Military Service? Y / N If so, when: \_\_\_\_\_ Rank \_\_\_\_\_

Branch:

- Airforce
- Army
- Coast Guard
- Marines
- National Guard
- Navy

Type of Discharge:

- Active Duty
- Honorable Discharge
- Medical Discharge
- General Discharge
- Dishonorable Discharge
- Other

Would you be interested in receiving information regarding benefits for veterans? Yes  No

Do you own any real estate: Yes  No  If yes, please complete the following information:

Description of house and/or property: \_\_\_\_\_

Address: \_\_\_\_\_ Estimated value: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ To Whom Owed: \_\_\_\_\_

Do you have a family member who has ever been involved with the criminal justice system (jail, probation, parole)?  
If so, who?

If you are **UNDER 21** years of age and unmarried, your parents may be responsible for your legal costs. Complete this section:

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any physical , mental or learning disabilities? Y / N If so, what?

The statements/information are accurate and I understand that the Court may require verification on this information. It is a crime, punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law 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 a person does not believe to be true.

Affirmed under penalty of perjury

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)