FINANCIAL DISCLOSURE FORM

In Support of a Request to be Assigned Counsel without Payment of Fee in Ulster County, New York

A. Personal Information	G. Monthly Expenses
1. Full Name:	1. Rent
2. Date of Birth:	2. Mortgage (include Property Taxes)
3. Social Security #:	3. Homeowners/ Renter's Insurance
4. Address:	4. Utilities (electric, water, heat)
	6. Cable:
5. Email Address:	
6. Phone Numbers:	8. Car Loan:
HOME:	9. Car Insurance:
WORK:	10. Gas, Tolls, Maintenance:
CELL:	11. Student Loan Payments:
7. Marital Status:	12. Other Loans (specify):
8. Number of Dependents:	
D. Imaama	12 Other Marchly Francisco (analisa)
B. Income 1. Are you receiving Public Assistance?	13. Other Monthly Expenses: (specify):
1. Are you receiving rubble Assistance:	
If "yes", what is the amount?	
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2. What is your Occupation?	Total Monthly Expenses:
3. Name, address, phone number of Employer:	Total Monthly Income:
	<u> </u>
	H. Prior Attorney Involvement
	1. Have you ever had another attorney representing you or
	the charges presently pending against you?
	If "yes" please identify the attorney:
-AND/ OR-	
Name of School you are attending:	2. Have you ever been involved, or are you now, in Family
	Court? Who represented you?
	When?
4. How often are you paid?	
5. Gross Pay (without deductions):	
6. Net Pay (take-home pay)	Name Charge(s) & Court:
7. How much did you earn last year?	Who represents you?
8. If unemployed, who is supporting you?	
9. Are you living with your spouse?	
10. What is your spouse's occupation?	
11. How much is your spouse's take-home pay?	5. Have you been involved in any other Court
proceedings	where you were NOT charged (witness, victin
etc.)?	where you were it of charged (withess, vieth
C. Other Income	
Type: Amount	
1. Unemployment:	SIGNED:
2. Worker's Compensation:	
3. NYS Disability:	DATE:
4. Social Security:	
5. Rental Property:	
6. Investments:	
7. Other:	Reviewed By:
D. Real Property	
1. Do you rent or own your home?	DATE:
2. Do you own property?	DATE:
E. Motor Vehicles Owned by You or Your Spouse	Attomos, Assigned
· · · · · · · · · · · · · · · · · · ·	Attorney Assigned:
(Including boats, motorcycles, and RV's) Year Make Model Value Amount Owed	
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	REASON FOR DENIAL:
F. Other Assets	
1. Cash on Hand: \$	
2. Checking Account?Amount: \$	
BANK:	
3. Savings Account?Amount: \$	
BANK:	
4. Total value of other assets, e.g. insurance	
policies, trust accounts, retirement funds, bonds	
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