

IN THE JUVENILE COURT OF GORDON COUNTY, GEORGIA
STATE OF GEORGIA

IN THE INTEREST OF:

CASE NO.(s): _____

**APPLICATION FOR APPOINTMENT OF COUNSEL AND
CERTIFICATE OF FINANCIAL RESOURCES**

I am the (Mother/Father/Guardian) of the above-named child(ren). I have been informed that I have the right to an attorney in accordance with O.C.G.A. Section 15-11-103. I understand that I have an opportunity to obtain and employ counsel of my own choice and that I can obtain a court appointed counsel if the court determines that I am an indigent person. My decision is: (check one)

(_____) I do not wish to have an attorney appointed to me.

(check one) - I plan to: _____ Hire an attorney on my own; _____ Waive the right to an attorney

(_____) I do wish to have an attorney appointed and submit the following as an indication of my inability to pay an attorney to represent me: I cannot afford to hire a lawyer to assist me and request that I be provided with a lawyer. I understand that I am providing this information in this declaration for a determination to be made of eligibility for an appointed attorney, paid by public funds, to represent me in the above matter.

ANSWER EACH AND EVERY QUESTION COMPLETELY

My full name is: _____ Relationship to Child(ren): _____

Mailing Address: _____
Address City State Zip

Email: _____ Telephone No.: (_____) _____

Date of birth: _____ My age is: _____ Highest Grade Level Completed: _____

Do you receive public assistance (food stamps, supplemental security income [SSI], Medicaid): ____ Yes ____ No

If Yes, what assistance do you receive and amount: _____

Employment Status:

(_____) I am NOT employed [jump to section B if not employed]

(_____) I am currently employed at: _____

A. Employer's mailing address: _____

Are you full time or part time: _____ Hourly Rate (if applicable): \$ _____

Your take home net pay is (gross pay minus state, federal and social security taxes): \$ _____

(check off one) - Paid Weekly _____ Paid ever two weeks _____ Paid Monthly _____

B. What was the total amount of your most recent income tax refund from the federal/state government?

\$ _____. When did you receive it? _____

C. If not currently employed: Who was your previous employer: _____. What was your job title there: _____ (job title); mailing address was: _____

How long were you working at this previous employer: _____ weeks / months / years (circle one).

D. Do you now receive: unemployment compensation, or welfare, or disability income? ____ Yes ____ No

If yes, what is the amount \$ _____. Paid weekly _____ or monthly _____. (check off one)

NOTICE: I hereby authorize my employer (or benefits provider) to release and furnish verification of my earnings (or benefit payments) to the Court.

CHECK ONE: I am: Not Married Married to (name of spouse): _____
My spouse IS / IS NOT (circle one) employed. My spouse's employer is: _____
My spouse's net take home pay is (gross pay minus state, federal and social security taxes): \$ _____
Paid Weekly _____ Paid ever two weeks _____ Paid Monthly _____ (check off one)

I am responsible for the support of _____ child(ren) living in my home. The age(s) of my child(ren) is / are: _____

Day Care: I or my spouse pays \$ _____ each week / month (circle one) for child day care while we work.

The following people are my dependents (other than your spouse or child[ren]) who live in my home and they are infirm or permanently disabled:

NAME	Relationship	Amount contributed to their support
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own a vehicle: NO YES - If yes, Year: _____ Make: _____ Model: _____
How much do you owe on it as of today? \$ _____

Amount of house payment or rent payment each month: \$ _____

List checking or savings account or other deposits with any bank of financial institution and current balance(s):
_____ \$ _____

List other assets or property, including real estate, jewelry, promissory notes, bonds or stocks, their value, and the amount of loan against them: _____

List indebtedness and amount of payments: _____

List any extraordinary living expenses and amount (such as regularly occurring medial expenses): _____

Child support you pay under court order \$ _____ each week / month (circle one)
Child support you receive under court order \$ _____ each week / month (circle one)

I understand that I may be required to reimburse the Court *all or part* of the attorney's fees paid related to my case. Any such reimbursement order shall be based upon my financial circumstances and my future ability to pay. _____ (initial here)

I have read (had read to me) the above questions and answers and they are true and correct. Yes No

Upon penalty of perjury, I hereby swear or affirm that the information given herein is true and correct and understand that this information will be provided to the Court. I further understand that a false and/or misleading answer may be punishable by the contempt powers of the Court.

Applicant's Signature Date

Witness's Signature Date

NOTE: If you do qualify for Court appointed attorney, it is your responsibility and duty to stay in touch with your attorney. You must contact your attorney prior to your court hearing date(s). Do not wait until the day of court to attempt to meet with your attorney.

OFFICIAL USE ONLY:
_____ Approved _____ Not Approved; notices mailed on: _____ by: _____