

OFFICE OF THE PUBLIC DEFENDER

Cherokee Judicial Circuit
Gordon County Office
101 Boston Road
Calhoun, GA 30701
706-879-2160



AFFIDAVIT OF INDIGENCY

I, _____, do hereby verify that I am currently unemployed with no source of income at this time. I am currently without financial resources to pay for the costs of my defense.

So affirmed this _____ day of _____, 20____.

Signature

I, _____, do verify that the above named defendant resides with me with no source of income. I do not claim him/her as a dependant for tax or any other legal purpose. Paying for the cost of defense for the above named defendant would cause undue financial hardship to me.

My relation to the above defendant is _____.

Signature

Sworn and subscribed before me

This ____ day of _____, 20____.

Notary

BY MY SIGNATURE ABOVE, I SWEAR UNDER THE PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND BASED UPON MY PERSONAL KNOWLEDGE, AND I REQUEST THAT THE CIRCUIT PUBLIC DEFENDER'S OFFICE REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDANT PERSON I AM PARENT OR GUARDIAN OF, IN THE ABOVE STYLED CASE(S). FURTHER, I AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL SITUATION TO THE CIRCUIT DEFENDER OFFICE OR TO THE COURT.