

**SHERIFF/CLERK: DETACH AND HAND APPLICANT THIS FORM)**

If you or your family have not hired a lawyer, and you do not have any money or other property with which to hire a lawyer, you may be eligible to have the Court appoint an attorney to represent you. Forms are available from the Sheriff or Clerk of Superior Court for you to fill out if you want to ask the Court for court-appointed counsel.

**NOTICE:**

**IF YOU ARE FOUND GUILTY, OR IF YOU PLEAD GUILTY, OR IF YOU ARE FOUND NOT GUILTY, AND HAVE BEEN REPRESENTED BY A LAWYER APPOINTED BY THE COURT, AS PART OF YOUR SENTENCE OR PROBATION, OR CIVIL SUIT BY THE COUNTY, YOU MAY BE REQUIRED TO PAY TO THE COUNTY THE AMOUNT OF ATTORNEY FEES THE COUNTY PAID YOUR LAWYER. (The attorneys appointed by the Court are paid by the County, on approval of the Court, up to \$60.00 per hour for everything they do in your case, whether in Court or out of Court.)**

If you are released on bail, it is your responsibility to hire your own lawyer before your next scheduled Court appearance, or if you are unable to hire a lawyer, and wish the Court to appoint a lawyer to represent you, it is your responsibility to fill out the form requesting a court-appointed lawyer (obtained through the Sheriff's or Clerk's office) and give it to the Sheriff or Clerk for delivery to the appropriate Judge, **OR YOU MAY BRING THE COMPLETED FORM TO YOUR FIRST COURT APPEARANCE.**

At your first appearance in Court, if you have not hired a lawyer who is present in Court to represent you, or if you have not mailed in or brought to Court with you a completed form, the Court may consider this fact as evidence that you are waiving your right to be represented by a lawyer. If you have completed the form, the Judge may inquire further into your request for appointed counsel.

The information in this form is not intended to discourage you from asking the Court for a court-appointed lawyer, and the Court will fulfill its obligation to see to it that you have a lawyer if you are unable to afford one. However, some defendants with court-appointed lawyers are surprised to learn that they must pay the County. As a result, a copy of this notice is a part of the process for eligible defendants who desire to be represented by an appointed attorney.

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

CASE NO. \_\_\_\_\_

CHARGES: \_\_\_\_\_

v.

\_\_\_\_\_  
Defendant

APPLICATION FOR APPOINTMENT OF COUNSEL AND  
CERTIFICATE OF FINANCIAL RESOURCES

I am the defendant in the above-styled action. I am charged with the offense(s) described above, which is/are a **FELONY/MISDEMEANOR (CIRCLE APPROPRIATE-IF FELONY AND MISDEMEANOR, CIRCLE FELONY ONLY)**. I have been informed that I have the right to an attorney to represent me in the above-styled action. I understand that if I cannot afford an attorney, one will be appointed for me. My decision is:

\_\_\_\_\_ **I DO NOT WISH TO HAVE AN ATTORNEY APPOINTED FOR ME.**

**I PLAN TO:** \_\_\_\_\_ **HIRE MY OWN ATTORNEY;** \_\_\_\_\_ **REPRESENT MYSELF;** \_\_\_\_\_ **WAIVE MY RIGHT TO AN ATTORNEY.**

\_\_\_\_\_ **I DO WISH TO HAVE AN ATTORNEY APPOINTED FOR ME, AND SUBMIT THE FOLLOWING AS AN INDICATION OF MY INABILITY TO PAY AN ATTORNEY:** I cannot afford to hire a lawyer to assist me. I request that I be provided with a lawyer. I understand that I am providing this information in this declaration in order for a determination to be made of my eligibility for an appointed lawyer or public defender, paid by public funds, to defend me on the above charges.

**ANSWER EACH AND EVERY QUESTION COMPLETELY.**

Check One: **I AM IN JAIL** \_\_\_\_\_ or **I AM OUT ON BOND** \_\_\_\_\_.

I was arrested on: \_\_\_\_\_ (Date).

I was employed at the time of my arrest (**CIRCLE ONE**) **YES NO**

My full name is \_\_\_\_\_. My telephone number is ( ) \_\_\_\_\_. My mailing address is \_\_\_\_\_, City is \_\_\_\_\_, State and Zip Code are \_\_\_\_\_. **I DO/DO NOT** (circle one) reside with my parents/legal guardians. My date of birth is \_\_\_\_\_. My age is \_\_\_\_\_. My Social Security No. is \_\_\_\_\_. The highest grade of school I completed is \_\_\_\_\_.

Check One: Upon Arrest **I WAS EMPLOYED** \_\_\_\_\_ or **I WAS NOT EMPLOYED** \_\_\_\_\_.

**If employed:** My employer is/was \_\_\_\_\_, whose mailing address is \_\_\_\_\_, City \_\_\_\_\_, State and Zip Code are \_\_\_\_\_. My net take home pay is/was (gross pay minus taxes): \$ \_\_\_\_\_, paid weekly \_\_\_\_\_, every two weeks \_\_\_\_\_, or monthly \_\_\_\_\_ (check how often you are/were paid).

**If not employed:** I have been unemployed for \_\_\_\_\_ weeks/months/years (**CIRCLE ONE**). I receive \$ \_\_\_\_\_ as unemployment compensation, welfare or disability income, paid weekly \_\_\_\_\_ or monthly \_\_\_\_\_. I was last employed by \_\_\_\_\_ on \_\_\_\_\_, whose mailing address is \_\_\_\_\_ as a \_\_\_\_\_ (job title) and I earned a net take home pay (gross pay minus taxes) of \$ \_\_\_\_\_ per week \_\_\_\_\_, every two weeks \_\_\_\_\_, or monthly \_\_\_\_\_ (check how often you were paid).

**NOTE: I hereby authorize my employer, former employer, or benefit provider to release and furnish verification of my earnings (or benefit payments) to the Court.**

Check One: **I AM MARRIED** \_\_\_\_\_ or **I AM NOT MARRIED** \_\_\_\_\_.

**If married:** my spouse's name is: \_\_\_\_\_.

My spouse **IS/IS NOT** employed. My spouse's employer is \_\_\_\_\_. My spouse's net take home pay is (gross pay minus taxes): \$ \_\_\_\_\_, paid weekly \_\_\_\_\_, every two weeks \_\_\_\_\_, or monthly \_\_\_\_\_ (check how often he/she is paid).

I am responsible for the support of \_\_\_\_\_ child(ren) living in my home. The age(s) of my child(ren) is/are: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. I/my spouse pay \$\_\_\_\_\_ each week/month for child day care while we work.

The following people are my dependents (other than spouse or children) who live in my home and they are infirm or permanently disabled:

Name	Relationship	Amount Contributed to Their Support
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Do you own a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No. Year: \_\_\_\_\_. Model: \_\_\_\_\_.  
How much do you owe on it? \_\_\_\_\_.

Do you own a home? \_\_\_\_\_ Yes \_\_\_\_\_ No. Value: \$\_\_\_\_\_. Is your home mortgaged? \_\_\_\_\_ Yes \_\_\_\_\_ No. How much do you owe on it? \$\_\_\_\_\_.

Amount of house payment or rent payment each month: \_\_\_\_\_.

List checking or savings account or other deposits with any bank or financial institution and the current balance: \_\_\_\_\_.

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

List indebtedness and amount of payments \_\_\_\_\_.

List any extraordinary living expenses and amount (such as regularly occurring medical expenses) \_\_\_\_\_.

Child support **payable** under court order \$\_\_\_\_\_ each week/month.

Child support **received** under court order for any dependent living in your household: \$\_\_\_\_\_ each week/month.

**Do you understand that whether you are convicted or acquitted the County may seek reimbursement of attorney's fees paid for you if you become financially able to pay or reimburse the county but refuse to do so and do you understand that if you are convicted you may be required as a condition of your sentence to pay the County all or a part of the cost it incurs in providing an attorney to represent you? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

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

The undersigned swears that the information given herein is true and correct and understands that a false answer to any item may result in a charge of false swearing **punishable by fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.**

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SWORN TO and SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Notary Public/My Commission Expires:  
(SEAL)