

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

IN THE INTEREST OF:

CASE NO. \_\_\_\_\_  
DEPRIVATION PROCEEDING

\_\_\_\_\_  
Child(ren)'s Name(s)  
and Date(s) of Birth

APPLICATION FOR APPOINTMENT OF COUNSEL AND  
CERTIFICATE OF FINANCIAL RESOURCES - DFCS

I am the (MOTHER/FATHER/GUARDIAN) of the child(ren) in the above-styled matter. I have been informed that I may have the right to an attorney to represent me in the above-styled matter. 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 AN ATTORNEY ON MY OWN; \_\_\_\_\_ REPRESENT MYSELF; \_\_\_\_\_ 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 in order for a determination to be made of eligibility for an appointed lawyer, paid by public funds, to represent me in above matter.

**ANSWER EACH AND EVERY QUESTION COMPLETELY.**

My full name is \_\_\_\_\_. My telephone number is ( ) \_\_\_\_\_. My mailing address is \_\_\_\_\_, City is \_\_\_\_\_, State and Zip Code are \_\_\_\_\_. My date of birth is \_\_\_\_\_. My age is \_\_\_\_\_. My Social Security number is \_\_\_\_\_. The highest grade of school I completed is \_\_\_\_\_.

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

**If employed:** My employer is \_\_\_\_\_. My employer's mailing address is \_\_\_\_\_, City is \_\_\_\_\_, State and Zip Code are \_\_\_\_\_. My net take home pay is (gross pay minus state, federal and social security taxes): \$\_\_\_\_\_, paid weekly \_\_\_\_\_, every two weeks \_\_\_\_\_, or monthly \_\_\_\_\_.

**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 (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** \_\_\_\_\_.

Is such person the other parent of the child? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_.

**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 state, federal and social security taxes): \$\_\_\_\_\_, paid weekly \_\_\_\_\_, every two weeks \_\_\_\_\_, or monthly \_\_\_\_\_ (**CHECK ONE**).

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 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? \_\_\_\_\_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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Father/Mother/Guardian

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