

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

IN THE INTEREST OF:

File No.: \_\_\_\_\_

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:

\_\_\_\_\_ I do not wish to have an attorney appointed to me.

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 in order 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: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address City State Zip

Date of birth: \_\_\_\_\_ My age is \_\_\_\_\_ Social Security Number:XXX-XX-\_\_\_\_\_

The highest grade of school completed: \_\_\_\_\_

Do you receive public assistance (food stamps, Supplemental Security Income [SSI], medicaid): \_\_\_\_\_ *If you answered yes, skip remaining questions and sign 2<sup>nd</sup> page.*

If you do not receive public assistance as stated above, please complete the following:

\_\_\_\_\_ I am NOT employed \_\_\_\_\_ I am employed at \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

My net take home pay is (gross pay minus state, federal and social security taxes):

\$ \_\_\_\_\_ Paid weekly \_\_\_\_\_ Paid every two weeks \_\_\_\_\_ Paid Monthly \_\_\_\_\_

If not employed: I was employed by \_\_\_\_\_, as a \_\_\_\_\_

(job title); mailing address is \_\_\_\_\_. I had been employed

for \_\_\_\_\_ weeks/months/years (Circle One). I receive as unemployment compensation,

welfare, or disability income, paid weekly \_\_\_\_\_ or monthly \_\_\_\_\_. I earned a net take home

pay of \$ \_\_\_\_\_ Paid weekly \_\_\_\_\_ Paid every two weeks \_\_\_\_\_ Paid Monthly \_\_\_\_\_

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: Married Not Married If married: Spouse name: \_\_\_\_\_

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 \_\_\_\_\_ Paid every two weeks \_\_\_\_\_ Paid Monthly \_\_\_\_\_

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 pays \$\_\_\_\_\_ each week/month for child day care while we work.

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

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

Do you own a motor vehicle: \_\_\_\_\_ If yes, Year: \_\_\_\_\_ Model: \_\_\_\_\_ How much do you owe on it? \_\_\_\_\_

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

List checking or savings account or other deposits with any bank of 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 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 \$ \_\_\_\_\_ each week/month

I understand that the Court may seek reimbursement of attorney's fees paid if you become financially able to pay or reimburse the county but refuse to do so: \_\_\_\_\_

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

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 answers may be punishable by the contempt powers of the Court.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Witness's signature

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Official use only:

\_\_\_\_\_ Approved \_\_\_\_\_ Not approved; notices mailed \_\_\_\_\_