Court Appointed Attorney Application and Certification of Financial Resources

I am requesting that a lawyer be appointed to represent me. I understand that I am providing information in order for a determination to be made as to my eligibility for an appointed lawyer who will be paid by Rockdale County. I understand that there is a $50.00 application fee that is required unless the Court determines the fee would pose an undue hardship on myself or my family. Additionally, I certify that all documentation provided by me is true and correct.

* Indicates required question

1. Email *

2. What Is The Name of the Child/Children In This Case? *

3. Case Number

4. File Number

5. Parent/Guardian Name *

6. Date of Birth *

Example: January 7, 2019

7. Mailing Address *

8. Husband/Wife Name *

9. Cell Phone Number *

10. Is There Another Number We Can Reach You At If Your Number Is Not In Service? *

11. Email Address *

12. Where Do You Work? *

13. Work Phone Number *

14. Your Facebook Name *

15. Your Instagram Name *

16. Any Other Social Media Accounts That Can Be Used To Reach You? *

17. Emergency Contact Phone Number *

18. Emergency Contact Name *

Income Information

The information requested below is required. You will need to answer each question.

19. How Much Money Do You Earn Each Month (before taxes are taken out)? *

_____

20. How Much Money Does Your Spouse Earn Each Month (before taxes are taken out)? *

_____

21. Do You Receive Child Support? If Yes, How Much? *

_____

22. Do You Receive Social Security Benefits? If Yes, How Much? *

_____

23. Do You Receive Any Other Source of Income? If Yes, How Much? *

_____

24. How Many People Live In Your Household (including you)? *

_____

Assets

25. Do You Own A Car? If Yes, What Is The Year, Make and Model? *

_____

26. Do You Own A Home? *

Mark only one oval.

- [ ] Yes
- [ ] No

27. If You Own A Home, What is the Value? (If you don't know the appraised value, please list the value based upon your most recent tax assessment) *

_____

28. If You Own A Home, and have A Mortgage, How Much Do You Owe To The Mortgage Company? *

_____

29. What Is The Total Value Of The Personal Property In Your Home? (Jewelry, Stocks, Guns, Collectibles, Clothing, Furniture) *

_____

30. Do You Have A Checking Account? *

Mark only one oval.

- [ ] Yes
- [ ] No

31. If You Have A Checking Account, Who Is Your Bank And How Much Money Is In Your Account? *

_____

32. Do You Have A Savings Account? *

Mark only one oval.

- [ ] Yes
- [ ] No

33. If You Have A Savings Account, Who is Your Bank and How Much Money Is In Your Account? *

_____

34. How Much Cash Do You Have? *

_____

35. Are You Due To Receive A Tax Refund? *

Mark only one oval.

- [ ] Yes
- [ ] No

36. If You Are Due To Receive A Tax Refund, How Much Will You Receive? *

_____

37. Do You Have Any Special Living Expenses? (Medical Bills, Dental, Child Support) *

_____

_____

_____

_____

_____

38. What Type Of Debts Do You Have? How Much Do You Owe And How Much Do You Pay Per Month? (include: phone bills, light bills, car notes gas bills, student loans, etc.) *

39. Who All Lives With You? What Is Their Income? What Is Their Relationship To You? *

40. I swear that the information provided on this paperwork is true and correct and that a false answer to any of the items may result in a charge of perjury.(Type your name below) *

NOTICE OF INQUIRY TO PAY EXPENSES

You are hereby notified pursuant to O.C.G.A. 15-11-36 that, as a parent or other person legally obligated to care for and support the above named child, the Court at any hearing scheduled for the child may inquire into your financial ability to pay for all or parts of the cost and expenses related to the child's involvement with the Court:

1. The cost of medical and other examinations and treatments:
2. The cost of care and support of a child committed to the legal custody of an individual or a public or private agency;
3. Reasonable compensation for services and related expenses of counsel appointed by the Court:
4. Reasonable compensation for a guardian ad litem; and
5. The expense of service of summons, notices, and subpoena's travel expenses of witnesses, transportation, subsistence, and detention of the child, and other like expenses incurred in the proceedings.

41. If you have read the above statement, sign(type) your name below. *

AFFIDAVIT OF APPLICANT

The undersigned after being duly sworn swears (or affirms) that this statement of my financial condition is true to the best of my knowledge and belief and that any false statement contained herein may subject me to criminal prosecution. The undersigned further acknowledges receipt of the above Notice of Inquiry to Pay Expenses.

42. If you have read the above statement, sign(type) your name below. *

ORDER APPOINTING COUNSEL AND TO PAY ATTORNEY APPLICATION FEE

Upon consideration of the Application for Attorney of Counsel, the above named (child) (Parent(s)) (is/are) found to be (indigent/ not indigent) under criteria of the Georgia Indigent Defense Act and appropriate court rules and (is/is not)entitled to have appointment counsel.

Attorney_____, or the Public Defender's Office is appointed to represent the child/parent(s). The appointed (attorney) (public defender)shall promptly make contact with the client after actual notice of appointment.

A request for Court Appointed Counsel was filed in this court by the aforesaid Parent or guardian or other person legally obligated to care for and support the child. The Court has reviewed the request and determined that the financial condition of the parent qualify for appointed counsel does meet the guidelines established by the Court. This attorney application fee is set by the Georgia Law. The court has made a determination that the application fee (does/does not) pose a substantial financial hardship on the family.

WHEREFORE, IT IS THE ORDER OF THIS COURT, that the aforesaid parent pay to the Clerk of this Court $50.00. Payment may be made at the following rate:_____. The parent is put on notice that failure to pay as ordered subjects the applicant to contempt.

*****PLEASE NOTICE THAT THERE IS A FIFTY DOLLAR FEE TO PAY IF PROVIDED AN ATTORNEY.*****

43. If you have read and understand the above statement and that there is a $50.00 fee , sign your name below. *

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