

For Office Use Only: (Interviewer: _____; Computer Enter Completed: _____)

Attorney: _____ Case#: _____ Date Appointed: _____

**IN THE STATE COURT OF TROUP COUNTY
STATE OF GEORGIA**

I am the defendant in the above case charged with the offense(s) of: _____ which is a misdemeanor. I cannot afford to hire a lawyer to assist me. I do want the court to provide me with a lawyer. I understand that I am providing this information in this declaration order for the court to determine my eligibility for a court-appointed lawyer (paid by Troup County) to defend me on the above charge(s).

Date arrested: _____

Bondsman: _____

Court Date: _____

Defendant's Signature

Are you currently being represented by a court-appointed attorney on other pending criminal charges? Yes No

If yes, who is the attorney? _____

What are the charges? _____

APPLICATION FOR APPOINTMENT OF COUNSEL AND CERTIFICATE OF FINANCIAL RESOURCES

1. Name: _____ Preferred Pronouns: _____

2. Mailing Address: _____ City: _____
State: _____ Zip: _____

3. Telephone #: _____

4. Email: _____

5. Gender: Male Female Non-Binary Birthdate: ___/___/___ Place of Birth: _____ Age: _____

6. Social Security Number: ____ - ____ - ____

7. Employer: _____ Net/Take Home Pay (Gross minus state, federal, and social security taxes)? Weekly: _____ Monthly: _____

8. Please list all other sources of monthly income (i.e., unemployment compensation, welfare, or disability) and their amounts:

9. Alternate Point of Contact: _____ Telephone #: _____
Relationship: _____

10. Are you married? Yes No

If so, is your spouse employed? Yes No

Spouse Employer: _____

Spouse's Monthly Take Home Pay: _____

11. How many children live in your household? _____ List their ages: _____

12. Are there other people (other than a spouse or children) in the home? Yes No If so, provide names, relationships, and the amount you pay towards their support.

13. List any checking or savings accounts or other deposits with any bank of financial institution and amount in each account: _____

14. Are you paying child support under a court order? Yes No

If so, how much per month? \$ _____

15. Do you understand that whether you are convicted or acquitted, Troup County may seek reimbursement of attorney's fees if you become financially able to pay the County? Yes No

16. Please list anyone that your Attorney may speak with about your case:

1. NAME: _____ Phone Number: _____ Relation: _____

2. NAME: _____ Phone Number: _____ Relation: _____

3. NAME: _____ Phone Number: _____ Relation: _____

4. NAME: _____ Phone Number: _____ Relation: _____

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 this _____ day of _____, 20_____.

Defendant's Signature

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public