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MUNICIPAL COURT OF THE CITY OF MABLETON

STATE OF GEORGIA

CITY OF MABLETON, GEORGIA **CASE NUMBER: _____**

V. **CHARGE(S): _____**

_____

_____ _____

INDIGENT DEFENSE APPLICATION FOR APPOINTMENT OF COUNSEL

AND CERTIFICATE OF FINANCIAL RESOURCES

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH, DEPOSES AND SAYS:

I am the Defendant named above and I want an attorney to represent me in the defense of my case and on the charges listed above. I am not able to afford an attorney to represent me or the cost of hiring an attorney would cause a substantial hardship to me or to my family. Therefore, I am providing the following information to the Court so that I may be considered for a court-appointed attorney. The information I am proving is true and correct. The information I am providing may be relied upon by the Court or other agencies in determining whether I qualify for a court-appointed attorney to be furnished to me at public expense.

PLEASE BE ADVISED: Failure to complete this application in its entirety and/or failure to provide the necessary supporting documents, will result in an automatic denial of your request.

I. GENERAL INFORMATION

1. Complete Address:_____

_____

2. Home Phone: _____ Work Phone: _____

3. Social Security Number: _____ Birth Date: _____

4. Number of Dependent Children: _____ Number Living with You: _____

5. Age(s) of Dependent Children: _____

6. Marital Status (Check One): Divorced_____ Separated_____ Married_____ Single _____

7. Highest Grade in School Completed: _____

II. INCOME AND ASSETS

1. Income (Net or Take-Home) $_____ (per week) $_____ (per month)

2. Monthly Governmental Income (including Social Security, Disability, etc.): $_____

3. Employer's Name: _____ Phone: _____

4. Employer's Address: _____

5. Estimated Number of Hours Worked Weekly: _____ Hourly Pay Rate: $_____

6. If you are unemployed, how long have you been unemployed? _____

7. List other sources of income such as unemployment compensation, welfare or disability income and the amounts received per month._____

_____

_____

_____

8. Spouse's Monthly Income: $_____ Dependent's Monthly Income: $_____

9. Spouse's Governmental Income (Including Social Security, Disability, etc.): $_____

10. Dependent's Governmental Income (Including Social Security, Disability, etc.) $_____

11. Other Sources of income or benefits, except (include interest, dividends, etc): _____

_____

12. Home or other real estate you own: Value $_____

13. Automobile(s) and/or Motorcycle(s) (list year, make, value) owned: _____

14. Value of Stocks, Bonds, etc. owned: $_____

15. Value of Notes, Mortgages, Trust Deeds, etc. owned: $_____

16. All other assets and personal property you own: _____

_____

17. Value of Debt(s) owed to you: $_____

18. Money you have: (a) in jail account: $_____ (b) at home: $_____

(c) in your checking account: $_____ (d) in your savings account: $_____

(e) in your safe deposit box: $ _____ (f) other: $_____

19. Dates and types or amounts of assets transferred within the last three months: _____

_____

III. EXPENSES AND DEBTS:

1. Monthly living expenses: Item: _____ Cost: $_____

Item: _____ Cost: $_____

Item: _____ Cost: $_____

Item: _____ Cost: $_____

Item: _____ Cost: $_____

2. Rent or Mortgage you pay per month: $_____

3. Does anyone help you pay your monthly bills (including mortgage, rent, power, cable, etc.)?

YES NO If so, how much do they contribute per month? $_____

4. What are your medical and dental expenses (monthly total)? $_____

5. What does your health insurance cost(monthly total)? $_____

6. Do you pay for child care (monthly total for all children)? $_____

7. Do you pay court-ordered child support (monthly total for all children)? $_____

8. Do you pay court-ordered alimony (monthly total)? $_____

9. List all the debts you owe, the balance of each debt, and the amount you pay each month:

Name of Creditor	Balance	Monthly Payment
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

10. Do you have any other special expenses such as regular medical expenses? _____

11. If so, list the reason for each expense and the amount of each expense below:

_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

12. Do you understand that whether you are found guilty or not guilty of the charge(s) pending against you, the City of Mableton, Georgia may seek reimbursement of attorney's fees paid to your court-appointed attorney on your behalf if you become financially able to pay but refuse to do so?

YES NO (Circle One and Initial Here): _____

VERIFICATION AND RELEASE:

BY MY SIGNATURE BELOW, I HAVE READ (OR HAVE HAD READ TO ME) ALL OF THE FOREGOING QUESTIONS AND ANSWERS. I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND BASE UPON MY PERSONAL KNOWLEDGE, AND I REQUEST THAT THE CITY OF MABLETON, GEORGIA REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDENT PERSON I AM PARENT OR GUARDIAN OF, IN THE ABOVE STYLED CASE(S). FURTHER, I AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL SITUATION TO THE MUNICIPAL COURT OF MABLETON. I ALSO VERIFY THAT I HAVE READ THE NOTICE OF APPLICATION FEE AND THE POSSIBILITY OF HAVING TO REIMBURSE THE CITY OF MABLETON FOR MY ATTORNEY FEES IF DEEMED NECESSARY. I UNDERSTAND THAT IF I HAVE MADE ANY FALSE STATEMENTS THAT I MAY BE CHARGED WITH A FELONY WHICH CARRIES A PENALTY OF FROM ONE TO FIVE YEARS to wit: §16-10-20. False statements and writings; concealment of facts: A person who knowingly and willfully falsifies, conceals, or covers up by an trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than $1,000 or by imprisonment for not less than one nor more than five years, or both.

This Application is for _____ cases(s). I understand that I will be assessed a $50 application fee and any applicable attorney fees for <u>each</u> case.

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

This _____ day of _____, 20_____.

DEFENDANT SIGNATURE: _____

PRINT NAME: _____

ASSISTANCE: The understated person provided assistance to the defendant/child with the completion of this form due to the defendant's inability to read and write.

Name: _____ **Signature**: _____

Address: _____ **Phone:**_____

INTERVIEWER PRINTED NAME: _____ DATE: _____

___ APPROVED ___ DENIED ADMINISTRATOR: _____

SIGNATURE DATE