

<b>APPLICATION FOR APPOINTED COUNSEL &amp; AFFIDAVIT OF FINANCIAL RESOURCES</b>		<b>CITY OF GRAHAM MUNICIPAL COURT</b>	
Name		Today's date:	
Address: <input type="checkbox"/> Appling Jail; <input type="checkbox"/> Jeff Davis Jail			
City	State	Telephone day	
Telephone night		DOB	
List the City of Graham offense(s) against you: List the citation, warrant, indictment or accusation numbers, if known:			
Offense(s)	Case #	Offense(s)	Case #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
I am <input type="checkbox"/> in the Appling jail <input type="checkbox"/> the Jeff Davis jail <input type="checkbox"/> released on bond.		Arrest date:	
The court in which the most current charges are pending: <input type="checkbox"/> Superior Ct. - felony <input type="checkbox"/> State Ct. - misdemeanor <input type="checkbox"/> Magistrate Ct. -- warrants <input type="checkbox"/> Municipal Court <input type="checkbox"/> Probation Revocation only			
<input type="checkbox"/> No attorney has been appointed to represent me. <input type="checkbox"/> I have applied for appointed counsel before on these offense(s). <input type="checkbox"/> I have appointed counsel on other pending charges and wish to have that attorney appointed on the new charges listed above. Attorney name _____. <input type="checkbox"/> I am seeking a replacement of my <input type="checkbox"/> appointed <input type="checkbox"/> retained attorney _____ for the following reasons: (Attach additional sheets, as necessary):			
I want the court to provide me with an attorney to defend me against the above charges. I am providing the information in this affidavit to permit the court to determine if I qualify for a court appointed attorney, who would be paid by City of Graham.			
<b>Employment</b>	I am <input type="checkbox"/> employed <input type="checkbox"/> unemployed since (date):		
<input type="checkbox"/> My employer is	Telephone #:		
<input type="checkbox"/> My take home pay is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other, as follows:			
<b>Sources of Income</b>	<input type="checkbox"/> welfare, \$ _____	<input type="checkbox"/> unemployment, \$ _____	<input type="checkbox"/> disability, \$ _____
	<input type="checkbox"/> retirement, \$ _____	<input type="checkbox"/> child support, \$ _____	<input type="checkbox"/> other, \$ _____
<input type="checkbox"/> I am married. My spouse=s take home pay is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other:			
<input type="checkbox"/> I have _____ minor children <input type="checkbox"/> living in my home <input type="checkbox"/> for whom I provide support. They are ages:			
_____ (#) other persons live in my home. They <input type="checkbox"/> are not related to me; <input type="checkbox"/> are related to me. The take home pay of relatives living in my home is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other:			

**I own the following assets & property: (Answer EACH question).**

Home/land <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, the value is \$ & I owe \$ net value \$	Motor vehicles <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, their value is \$ & I owe \$ net value \$	Boats <input type="checkbox"/> yes <input type="checkbox"/> no If yes, their value is \$ & I owe \$ net value \$	Checking/Savings accounts <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, the total of all balances is \$
--	---	---	--

I own these other assets & properties, such as antiques, jewelry, coins, collectibles, stocks, bonds, etc.. Their value is:

List the amounts you owe for any extraordinary or unusual living expenses, child support payments and/or medical expenses.

I  have  have not tried to hire an attorney. I can pay \$ \_\_\_\_\_ for my legal defense.

I understand and agree that whether I am convicted or acquitted, City of Graham may seek reimbursement for attorney's fees paid on my behalf, if I am able, or if a court determines that I am able to reimburse the city. **I understand that, pursuant to O.C.G.A. 15-21-A-6, that a \$50 application fee for indigent defense representation will be assessed unless waived by the court.** I have read, or had read to me, the above questions and statements. I swear that the answers I have given are true and correct. I also understand that a false answer to any question herein may result in my being charged with a crime for making such false statement(s).

Signature of Applicant:

**ORDER OF THE COURT**

Having considered the above application for appointment of counsel & affidavit of financial resources, I find that the defendant

is  is not indigent by the guidelines of the Indigent Defense Counsel of Georgia & appropriate court rules;

is  is not entitled to have appointed counsel on his/her behalf.

The \$50.00 application fee may be assessed as part of any subsequent sentence imposed, if any.

So ordered, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
 Judge,  Superior  State  
 Magistrate  Municipal Court