

MUNICIPAL COURT FOR THE CITY OF HOLLY SPRINGS

STATE OF GEORGIA

CITY OF HOLLY SPRINGS, GEORGIA

DOCKET NUMBER: _____

v.

CHARGE(S): _____

**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 providing 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.

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: Divorced _____ Separated _____ Married _____ Single _____

7. Highest grade in school completed: _____

8. Amount of Bond: \$ _____ Name of Bondsman: _____

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. What is the name of your last employer? _____
8. When were you terminated from this job? _____ Why were you terminated from this job? _____.
9. List other sources of income such as unemployment compensation, welfare or disability income and the amounts received per month.
- _____
- _____
- _____
10. Spouse's Monthly Income: \$ _____ Dependents' Monthly Income: \$ _____
11. Spouse's Governmental Income (Including Social Security, Disability, etc.): \$ _____
12. Dependent's Governmental Income (Including Social Security, Disability, etc.): \$ _____
13. Other sources of income or benefits, except (include interest, dividends, etc.): _____
- _____
14. Home or other real estate you own: Value \$ _____
15. Automobile(s) and/or Motorcycle(s) (list year, make, value) owned: _____
- _____
16. Value of Furniture owned: \$ _____ Value of Jewelry owned: \$ _____
17. Value of Stocks, Bonds, etc. owned: \$ _____
18. Value of Notes, Mortgages, Trust Deeds, etc. owned: \$ _____
19. All other assets and personal property you own: _____
- _____
20. Value of Debt(s) owed to you: \$ _____
21. 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 places: \$ _____
22. 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: \$ _____
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 Holly Springs, 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): _____

I have read (or have had read to me) all of the foregoing questions and answers and I declare under penalty of perjury that all of the information is true and correct; I am aware that perjury is a felony punishable by a fine of not more than \$1,000.00 or imprisonment for not less than one year, nor more than ten years.

 Defendant

 Date

Sworn to and subscribed before
 me this _____ day of
 _____, 20 _____.

 Notary Public

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STATE OF GEORGIA

CITY OF HOLLY SPRINGS, GEORGIA

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CHARGE(S): _____

**ORDER UPON CONSIDERATION OF
DEFENDANT'S APPLICATION FOR APPOINTMENT OF COUNSEL**

_____ The above and foregoing application having been read and considered, the Court finds that the above named Defendant IS NOT indigent, within the meaning of the Law, and the Court WILL NOT appoint an Attorney to represent the Defendant.

_____ The above and foregoing application having been read and considered, the Court finds that the above named Defendant IS indigent within the meaning of the Law, and the Court WILL appoint an Attorney to represent the Defendant.

SO ORDERED, this _____ day of _____, 20 _____.

Clerk, Municipal Court for the City of Holly Springs

ATTORNEY APPOINTED AND VOUCHER INFORMATION

Attorney Appointed: _____

Address: _____

Phone Number: _____ Fax Number: _____

Date Attorney Appointed: _____ Date Case Concluded: _____

Disposition: _____

Amount Billed: \$ _____ Amount Approved: \$ _____

Was defendant ordered to repay the cost of the court-appointed attorney? _____

[NOTE: A copy of the attorney's invoice and a copy of the Court's disposition shall be attached.]

Clerk, Municipal Court for the City of Holly Springs

City Manager, City of Holly Springs

Funds to be Paid from Account No.: _____

HOLLY SPRINGS MUNICIPAL COURT
3235 Holly Springs Parkway
Canton, GA 30115
(770) 345-5537

NAME:

Date:

Please provide our office with the following documentation by:

- | | |
|------------------------------|-------------------------------|
| _____ Social Security Income | _____ Property Tax Assessment |
| _____ Disability Income | _____ Appraisal |
| _____ Retirement Income | _____ Loan Agreement |
| _____ Child Support Income | _____ Final Decree / Divorce |
| _____ Welfare / AFDC | _____ Bankruptcy Petition |
| _____ Unemployment Income | _____ Late Notices |
| _____ Pay Stubs | _____ Foreclosure Notices |
| _____ School Enrollment | _____ Liens / Fifa's |
| _____ Alimony Income | _____ Separation Notice |
| _____ Other Income | _____ Other_____ |

This information is needed in order for our office to make a more accurate determination of your eligibility. Failure to supply the requested documentation will result in your application not being processed.

Please deliver the information to the Clerk's office at the above address during normal business hours.