

_____ COUNTY JUVENILE COURT

APPLICATION FOR COURT APPOINTED COUNSEL

***Please complete this application in full**

***Failure to completely and accurately fill out this application could result in a waiver of your right to seek indigent or an inaccurate denial of indigency**

***This application must be signed and notarized by a notary public or witnessed by the Clerk of Court or his/her designee in order to be considered by the Court**

Application Date: _____

NAME: Last _____ First _____ Middle _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone No.: Home _____ Cell: _____ **Date of Birth:** _____

Email address: _____

The person who can always reach you: Name: _____ **Telephone:** _____

Address: _____

Please list all of your children who are under the age of 18 along with their birthdays and whether they currently reside with you.

NAME	DATE OF BIRTH	Does child currently reside with you? Circle
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO

For each of the following questions, circle the appropriate answer and/or fill in the blanks:

- Are you married? YES / NO If so, please name your spouse _____
- If married, are you separated or living together? SEPARATED / LIVING TOGETHER
- Are you employed? YES / NO If yes, please list your employer _____
 - If yes, how often do you get paid? WEEKLY / EVERY OTHER WEEK / MONTHLY?
 - If yes, how much do you get paid? _____

4. Do you receive any of the following (if so, list the amount you receive per month for each):

- | | |
|---|--|
| <input type="checkbox"/> child support \$ _____ | <input type="checkbox"/> unemployment compensation \$ _____ |
| <input type="checkbox"/> Military /VA benefits \$ _____ | <input type="checkbox"/> Social Security, /SSI\$ _____ |
| <input type="checkbox"/> TANF \$ _____ | <input type="checkbox"/> Food Stamps – amount per month \$ _____ |
| <input type="checkbox"/> Retirement benefits \$ _____ | <input type="checkbox"/> None |

5. Are you disabled? Yes ☐ No ☐ If yes, explain type of disability _____

6. Do you receive any other money on a regular basis? YES / NO.

If yes, how much do you receive and how often do you receive it? _____

7. Do you own anything that is worth more than \$500.00? YES / NO.

If so, please list all property worth more than \$500.00

_____	_____
_____	_____
_____	_____

Sworn statement: Upon my oath, I swear that I am financially unable to hire an attorney, I swear that all statements and answers of this form are true and correct. I am aware that false swearing is a felony and punishable by a fine of not more than \$1, 000.00 and/or imprisonment of not less than one year or more than five years.

Sworn before me this _____ day of _____, 20____.

Signature of application (must be notarized by a notary public or witnessed by the clerk of court)

Notary Public signature and stamp/ Clerk of court signature and stamp

This applicant is determined to be: Eligible ☐ Not eligible ☐ Pending for _____

Approved attorney: _____

This _____ day of _____, 20____.

RENDER M. HEARD, JR.
Judge, Juvenile Courts
Tifton Judicial Circuit

