

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

Attorney: \_\_\_\_\_ Case#: \_\_\_\_\_ Refused: \_\_\_\_\_

Date Apptd: \_\_\_\_\_ Charge (s): *Misd. Felony Both* Initials of Jailer: \_\_\_\_\_

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 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 charges.

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: \_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Email: \_\_\_\_\_

4. Sex: Male Female Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

5. Soc. Sec. #: \_\_\_\_\_

6. Employer: \_\_\_\_\_  
Net Take Home Pay (Gross minus state, federal, & social security taxes): Weekly \_\_\_\_\_ Monthly: \_\_\_\_\_

7. List all other sources of income such as unemployment compensation, welfare or disability incomes and the amounts received per month: \_\_\_\_\_

8. Second Point of Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

9. Are you married? Yes No If yes, is spouse employed? Yes No If spouse works, employer is: \_\_\_\_\_  
Spouse's take home pay is: Monthly: \_\_\_\_\_

10. Number of children home: \_\_\_\_\_ Ages: \_\_\_\_\_

11. Are there other people (other than spouse of children) in the home? Yes No. If yes, provide names, relationship, and amount you pay towards their support: \_\_\_\_\_

12. Do you own a car? Yes No Year and Model: \_\_\_\_\_ How much is owned on it? \_\_\_\_\_

13. Do you own a home? Yes No Value: \_\_\_\_\_ House Payment: \_\_\_\_\_

14. Do you rent? Yes No How much is your rent each month? \_\_\_\_\_

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

\_\_\_\_\_

16. List any bills you owe and the amount(s) of monthly payments: \_\_\_\_\_

17. List any extraordinary living expenses and amount(s) (such as regularly occurring medical expenses):  
\_\_\_\_\_

18. Are you paying child support under a court order? Yes No If yes, how much per month? \_\_\_\_\_

19. 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 County? Yes No

20. I have read (had read to me) the above questions and answers and they are correct and true. Yes No

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 \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public