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**MUNICIPAL COURT FOR THE CITY OF WOODSTOCK  
STATE OF GEORGIA**

**CITY OF WOODSTOCK, GEORGIA**

**CASE 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.

**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 Woodstock, 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 WOODSTOCK, 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 CITY OF WOODSTOCK MUNICIPAL COURT. I ALSO VERIFY THAT I HAVE READ THE NOTICE OF APPLICATION FEE AND THE POSSIBILITY OF HAVING TO REIMBURSE THE CITY OF WOODSTOCK 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 an application fee and any applicable attorney fees for each 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**