

IN THE STATE COURT OF CARROLL COUNTY  
STATE OF GEORGIA

APPLICATION FOR APPOINTMENT OF COUNSEL

1. Name \_\_\_\_\_ Case No. \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

2. Age: \_\_\_\_\_ Highest level of school completed: \_\_\_\_\_

3. Are you employed? \_\_\_\_\_ What is your job and employer's name? \_\_\_\_\_

How much are you usually paid after taxes and Social Security amounts are taken out?

\$ \_\_\_\_\_/Hour \$ \_\_\_\_\_/Week \$ \_\_\_\_\_/Every 2 weeks \$ \_\_\_\_\_/Day \$ \_\_\_\_\_/Job

If you are paid by the hour, how many hours a week do you usually work? \_\_\_\_\_

How long have you held this job? \_\_\_\_\_

4. Do you have any other income, collect any benefits (unemployment, workers' compensation, Social Security/SSI, EBT (food stamps) or other benefits), or receive child support? \_\_\_\_\_ If so, how much do you get and from whom? \_\_\_\_\_

5. Do you live with another adult? \_\_\_\_\_ What is this person's relationship to you? \_\_\_\_\_

Is this person employed? \_\_\_\_\_ How much is this person usually paid after taxes and Social Security amounts are taken out?

\$ \_\_\_\_\_/Hour \$ \_\_\_\_\_/Week \$ \_\_\_\_\_/Every 2 weeks \$ \_\_\_\_\_/Day \$ \_\_\_\_\_/Job

If this person is paid by the hour, how many hours a week does he/she usually work? \_\_\_\_\_

Does this person receive any benefits or child support? If so, how much? \_\_\_\_\_

**\*PLEASE ANSWER THE QUESTIONS ON THE OTHER SIDE\***

6. Do you have any children of your own? \_\_\_\_\_ Any stepchildren who actually live with you? \_\_\_\_\_  
How many of these are under 18? Children \_\_\_\_\_ / Stepchildren \_\_\_\_\_  
How many of your own children under 18 live with someone else? \_\_\_\_\_. If you pay child support,  
please list the amount(s): \$ \_\_\_\_\_ each \_\_\_\_\_ week or \_\_\_\_\_ month.  
List any other dependents that live in your household: \_\_\_\_\_

7. Do you pay child care expenses in order to work? \_\_\_\_\_ If so, how much do you pay per week? \_\_\_\_\_

8. List any property you own (home, car, bank accounts, or other property): \_\_\_\_\_  
\_\_\_\_\_

9. List any unusual expenses you have: \_\_\_\_\_  
\_\_\_\_\_

10. Name and Address of someone who can always get in touch with you:  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Do you understand that a \$50.00 application fee may be imposed with this application, and that whether you are convicted or acquitted you could be ordered to reimburse the County for the Public Defender's services as provided by law if you have some financial ability to pay or become financially able to pay?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**I swear or affirm that all the foregoing information has been provided by or read by me and is true and correct to the best of my knowledge and belief.**

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

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Having reviewed the foregoing application and any oral testimony provided by the applicant, the Defendant is found to be \_\_\_\_\_ qualified \_\_\_\_\_ not qualified for appointment of counsel.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge/Administrative Assistant