

City of East Point Court Appointed Application Instructions

If you need a public defender, please fill out the Court Appointed Attorney Application in its entirety. You will also need to provide proof of income for all household members.

If you are not working, you must obtain a wage letter from the Department of Labor.

If you receive any government assistance, you must provide a benefits verification letter that documents how much you receive.

Failure to provide all information will result in a delay or denial of your application.

Your application, along with supporting documents, can be emailed to courts@eastpointcity.org or submitted in person.

Once we receive all the requested information, we will submit it for approval.

You will be notified of your approval or denial via email.

Choose one option:		<input type="checkbox"/> I DO NOT want the court to provide me with an attorney	
<input type="checkbox"/> I want the court to provide me with an attorney			
APPLICATION FOR COURT APPOINTED COUNSEL & AFFIDAVIT OF FINANCIAL RESOURCES		 EAST POINT <small>GEORGIA</small> MUNICIPAL COURT	
Name:		DOB:	
Address:			
City	State	Phone:	
Email address:		Citation #(s): _____ _____ _____	
<input type="checkbox"/> I want the court to provide me with an attorney. I am providing the information in this affidavit to permit the court to determine if I qualify for a court appointed attorney, who would be paid by East Point.			
Employment	I am <input type="checkbox"/> employed OR <input type="checkbox"/> unemployed since (date):		
<input type="checkbox"/> My employer is:		Telephone #:	
<input type="checkbox"/> My take home pay is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other, please specify:			
Sources of Income	<input type="checkbox"/> welfare amount \$ _____	<input type="checkbox"/> unemployment amount \$ _____	<input type="checkbox"/> disability amount \$ _____
Check all that apply	<input type="checkbox"/> retirement amount \$ _____	<input type="checkbox"/> child support amount \$ _____	<input type="checkbox"/> other amount \$ _____
<input type="checkbox"/> I am married. My spouse's take home pay is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other:			
<input type="checkbox"/> I have _____ minor children <input type="checkbox"/> living in my home <input type="checkbox"/> for whom I provide support. They are ages: _____ (#) other persons live in my home. They <input type="checkbox"/> are not related to me; <input type="checkbox"/> are related to me. The take home pay of relatives living in my home is \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> other:			
I own the following assets & property: (Answer EACH question).			
Home/land <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, the value is \$ _____ & I owe \$ _____ net value \$ _____		Motor vehicles <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, their value is \$ _____ & I owe \$ _____ net value \$ _____	
Boats <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, their value is \$ _____ & I owe \$ _____ net value \$ _____		Checking/Savings accounts <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, the total of all balances is \$ _____	
I own these other assets & properties, such as antiques, jewelry, coins, collectibles, stocks, bonds, etc. Their value is: _____			
List the amounts you owe for any extraordinary or unusual living expenses, child support payments and/or medical expenses.			

ORDER OF THE COURT

Having considered the above application for appointment of counsel & affidavit of financial resources, I find that the defendant

[] is [] is not indigent by the guidelines of the Indigent Defense Counsel of Georgia & appropriate court rules;

[] is [] is not entitled to have appointed counsel on his/her behalf.

The \$50.00 application fee may be assessed as part of any subsequent sentence imposed, if any.

So ordered, this _____ day of _____, 20 _____. _____
Judge, Rashida Oliver

NOTICE OF APPLICATION FEE AND ATTORNEY FEE: Georgia law requires every person who applies for legal defense services under Chapter 12 of Title 17 to pay the Public Defender Office (the entity providing the services) a single fee of \$50 for the application for, receipt of, or application for and receipt of such services (O.C.G.A. Section 15-21A 6(b)). However, this application fee may not be imposed if the payment of the fee is waived by the court in which you are appearing. The court shall waive this fee if it finds that you are unable to pay the fee or that hardship will result if the fee is charged. (O.C.G.A. Section 15-21A 6(b)). Attorney fees for court appointed representation may also be imposed by the court at sentencing.

VERIFICATION AND RELEASE: BY MY SIGNATURE BELOW, I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND BASED UPON MY PERSONAL KNOWLEDGE, AND I REQUEST THAT I BE APPOINTED A PUBLIC DEFENDER TO REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDENT PERSON I AM PARENT OR LEGAL GUARDIAN OF, IN THE ABOVE STYLED CASE(S). FURTHER, I AGREE TO IMMEDIATELY REPORT ANY CHANGE(S) IN MY FINANCIAL SITUATION TO THE COURT. I HEREBY AUTHORIZE THE COURT OR ANY OF ITS EMPLOYEES TO RELEASE TO THE PUBLIC DEFENDER ANY INFORMATION REQUESTED TO ASSIST IN CONSIDERATION OF MY APPLICATION. INFORMATION MAY INCLUDE: HOUSEHOLD INCOME, EMPLOYMENT, EXPENSES, LIABILITIES, OR OTHER INFORMATION REQUESTED TO ASSESS THE APPLICATION. I ALSO VERIFY THAT I HAVE READ THE NOTICE OF APPLICATION FEE. 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 any 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 \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

I understand and agree that whether I am convicted or acquitted, East Point may seek reimbursement for attorney's fees paid on my behalf, if I am able, or if a court determines that I am able to reimburse the county. **I understand that, pursuant to O.C.G.A. § 15-21-A-6, that a \$50 application fee for indigent defense representation will be assessed unless waived by the court.** I have read, or had read to me, the above questions and statements. I swear that the answers I have given are true and correct. I also understand that a false answer to any question herein may result in my being charged with a crime for making such false statement(s).

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Applicant:

Date: