

**JUVENILE COURT OF CHEROKEE COUNTY
FINANCIAL AFFIDAVIT FOR APPOINTMENT OF COUNSEL**

Date of Application: _____
 Case No.: _____
 Applicant's Full Name: _____
 How are you related to the child? Mother Father Other _____
 DOB: _____
 Street Address: _____
 City, State & Zip _____
 Telephone Number: _____ Work #: _____

INCOME

List everyone who lives in the home, their income, age and relationship: **Please list income of each person's wages, child support, TANF, SSI, Retirement/Pensions, and any other sources.**

Name	Monthly Income	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you disabled? YES NO If yes, what amount is received monthly? _____
 Do you receive any of the following (include amount)? AFDC _____ Social Security _____
 Retirement _____ Food Stamps _____ Child support _____ Other _____
 TOTAL MONTHLY INCOME OF HOUSEHOLD: _____

EMPLOYMENT

List employment of parents/guardians:

Name of Company	Telephone No.	How Long?	Hours/Week
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS

Do you own or are you buying a house or land? YES NO Value of Property _____
 Do you own a car, boat? YES NO Make/model _____ Year ____ Value _____
 Do you have a bank account? YES NO Where? _____
 Balance in Savings: _____ Balance in Checking: _____
 Do you own any stocks, bonds, or other assets or property? YES NO
 If yes, please describe: _____ Value: _____
 The last year you filed taxes: _____ Gross income reported: _____

DEBT AND EXPENSES

<u>Type of Debt</u>	<u>Monthly Payment</u>
Rent/House Payment	_____
Car Payment(s)	_____
Child Support	_____
TOTAL EXPENSES _____	

Are you able to hire an attorney? _____

Do you have any unusual or extraordinary expenses? YES NO

If yes, please explain _____

Person completing this application, if other than the applicant: _____

PLEASE READ THE FOLLOWING CAREFULLY

I have read (or had read to me) the above questions. The financial status information is provided based upon my request for the services of a Court appointed attorney. I understand that the Court will make a finding regarding my ability to repay the Board of Commissioners of Cherokee County for such representation, and I may be ordered to repay attorney fees.

I swear that the above information is true and correct and I understand that a false statement to any questions may result in a criminal charge.

AFFIANT

NOTARY PUBLIC

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

Notary Public, Georgia

My Commission Expires
