

DeKalb County



Juvenile Court

Desiree Sutton Peagler
Judge

Linda Bratton Haynes
Judge

Vincent C. Crawford
Chief Judge

Fatima A. El-Amin
Judge

Temika W. Murry
Judge

Antoninette L. Brantley
Clerk of Court

Colet I. Odenigbo
Court Administrator

Shunda Dean
Chief Probation Officer

COURT APPOINTED ATTORNEY APPLICATION DEPENDENCY

Child's/Children's Names _____ **Assigned Judge** _____

_____ Hearing Date _____

File # _____ Child resides with _____

(1) Applicant _____ **Relation to Child** _____

Occupation _____ **Employed by** _____

(2) Applicant _____ Relation to Child _____

Occupation _____ Employed by _____

LIST **EVERYONE** LIVING IN THE HOUSE WITH APPLICANT

Name	Relationship	Age	Income

NET MONTHLY HOUSEHOLD INCOME (Monthly Take Home Pay)

Father	\$	Social Security	\$
Mother	\$	ADFC	\$
Step Parent	\$	SSI	\$
Child Support	\$	Food Stamps	\$
Live-In Companion	\$	Other	\$

TOTAL NET MONTHLY INCOME \$ _____

Court-ordered bankruptcy payments, excessive medical expenses not covered medical expenses not covered by insurance, childcare expenses or other dependent care expenses and child support payments will be deducted from income.

Applicant's Address: _____ **City, Zip:** _____

Phone (Home): _____ **(Work)** _____

For Office Use Only (to be signed in presence of the Court Official)

I swear or affirm that the foregoing is true and complete. I understand that a false answer to any questions or the omission of any asset or income may result in a criminal against me. I also understand that I may be required to make a contribution to DeKalb County to help defray the cost of the stated child's / children's legal representation.

Applicant's Signature: _____ **Date:** _____

Signed in the presence of: _____ **Date** _____

APPROVED / REJECTED by: _____

COST ASSESSMENT FEE REQUESTED: _____

CONTRIBUTION AMOUNT \$ _____ **JUDGES' APPROVAL:** _____

It is the policy of the Judicial System for all persons coming before the Court to have the right to legal representation. According to your signed affidavit, you do not qualify for free counsel based on your earned income. Therefore, there will be a cost assessed to you (customary fee is \$750.00). This fee must be paid in one payment or in two installments. The first payment is expected within thirty (30) days of initial hearing and the second payment is due within (60) days of that first hearing.

This is a notice of intent to pay the amount assessed to you by this Court for counsel.

Applicant's Signature: _____

Witness' Signature: _____

Date _____