

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF: \_\_\_\_\_ FILE NUMBER \_\_\_\_\_

\_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_ CASE NO. \_\_\_\_\_

A Child

APPLICATION AND ORDER FOR COURT-APPOINTED ATTORNEY

I hereby affirm that the following information is true and correct.

I am indigent and without sufficient funds to pay for an attorney without undue hardship on my family.

Members of my family who live in my household include:

Number of Children: \_\_\_\_\_

Number of Adults \_\_\_\_\_

I am paid (take home pay) \$ \_\_\_\_\_ Every week / 2 times a month / Once a month

My usual monthly expenses are (list amount):

- Housing \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Transportation \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- Total Expenses \$ \_\_\_\_\_

I request that an attorney be appointed to represent me/my child in the above matter.

\_\_\_\_\_  
Parent/Legal Custodian/Legal Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

ORDER OF APPOINTMENT OF COUNSEL

Upon consideration of the Application for Appointment of Counsel, the above-named child/parent/ guardian is found to be indigent under criteria of the Georgia Indigent Defense Act and appropriate court rules, and is entitled to have appointed counsel.

IT IS HEREBY ORDERED that Attorney \_\_\_\_\_ be and is appointed to represent the above child/parent/guardian. The appointed attorney shall promptly make contact with the client upon actual notice of appointment.

SO ORDERED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge/Associate Judge  
Juvenile Court of Fulton County

Attorney Name: \_\_\_\_\_

Telephone: \_\_\_\_\_