

Desiree Sutton Peagler
Chief Judge

Linda Bratton Haynes
Judge

Vincent C. Crawford
Judge

Fatima A. El-Amin
Judge



Michael L. Cuffee
Court Administrator

L.D. Avery-Delay
Clerk of Court

Carla J. Hardnett
Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

**COURT APPOINTED LAWYER APPLICATION
DEPENDENCY**

Child's/Children's Name(s): _____ 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	\$
Stepparent	\$	SSI	\$
Child Support	\$	Food Stamps	\$
Live-In Companion	\$	Other	\$

TOTAL NET MONTHLY INCOME \$ _____

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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: _____

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 question or the omission of any asset or income may result in a criminal charge 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 \$ _____ JUDGE'S APPROVAL: _____

It is the policy of the Judicial System for all persons coming before this 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 installment payments. Payments 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: _____