

**AFFIDAVIT OF FINANCIAL HARDSHIP FOR BAIL DETERMINATION  
IN MISDEMEANOR ARREST CASES**

Date: \_\_\_/\_\_\_/\_\_\_

**This form will only be used to determine how much bail you can reasonably afford to timely pay, and for no other purpose. If, based on the information in this form and presented at your first hearing, the judge determines that you cannot pay a certain bail amount, your bail may be reduced or waived. Do you wish to complete this form?** Circle: YES or NO

Your current bail amount is: \_\_\_\_\_

Do you have a financial hardship that prevents you from paying your bail amount? Circle: YES or NO

**If you cannot meet the bail amount on the bail schedule for the charges against you, what is the amount of money, if any that you would be able to pay within 48 hours to make bail including with help from family and friends:** \$\_\_\_\_\_.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: Street: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_,

Zip: \_\_\_\_\_. Phone #s: (Home) \_\_\_\_\_; (Work) \_\_\_\_\_; (Cell) \_\_\_\_\_.

Marital Status: Circle all that apply: Single/Divorced/Married/Widowed/Separated

Number of children and dependents in your household: \_\_\_\_\_

Do you get any public assistance benefit (like disability, food stamps, housing vouchers)? Circle: Yes or No

**Employment:**

Are you employed (including self-employment, part-time work, or "odd jobs")? Circle: Yes or No

If yes, list: Name of employer: \_\_\_\_\_ Job title: \_\_\_\_\_

If you have a spouse, is he or she employed? Circle: Yes or No

If yes, list: Name of spouse's employer: \_\_\_\_\_ Job title: \_\_\_\_\_

**Income and Expenses:**

MONTHLY INCOME	AMOUNT
Monthly Income (after taxes)	\$
Spouse's Monthly Income	\$
Any other Income	\$
Source of other income:	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

ESTIMATED REGULAR MONTHLY EXPENSES	AMOUNT
Rent/Mortgage	\$
Total Utilities (gas, electric, water)	\$
Food	\$
Health Care	\$
Credit Card/Loan Payments	\$
Educational / Employment Expenses	\$
Transportation (insurance, gas, etc.)	\$
Child Care	\$
Child Support/Alimony	
Fines, fees, restitution in other cases	\$
<b>TOTAL ESTIMATED REGULAR MONTHLY EXPENSES</b>	<b>\$</b>

**Assets (Things you own) and Debts (Things you owe):**

LIQUID ASSETS	AMOUNT	DEBT	AMOUNT
Cash on Hand / Bank (or available stocks, bonds, etc)	\$	Outstanding Credit Card Debt	\$
Equity in Real Estate (value of property less what you owe)	\$	Outstanding Mortgage	\$
Equity in Personal Property (such as value of stereo, furniture, jewelry, etc.)	\$	Outstanding Student Loans	\$
Other	\$	Outstanding Car Loan	\$
Do you own anything else of value?	\$	Other	\$
<b>TOTAL LIQUID ASSETS</b>	\$	<b>TOTAL OUTSTANDING DEBTS</b>	\$

**If you are currently experiencing a financial hardship (including disability, debts, expenses, or loss of income not listed above), please explain this situation in as much detail as possible:**

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**If you chose to complete this form, check ONE of the following:**

I can read and understand English, and I have read and understand each question and instruction on this form in completing the form, OR

An interpreter read to me every question and instruction on this form and my answer to every question in \_\_\_\_\_, a language in which I am fluent, and I understood everything, OR

I did not understand each question or instruction on this form, because: \_\_\_\_\_

**I swear or affirm under penalty of perjury that all of the above information is true and correct to the best of my knowledge.**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 (day) (month) (year)

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**To be completed by Glynn County Detention Center administrative staff**

**Person providing this affidavit to affiant/applicant:** \_\_\_\_\_

**Interpreter (if any) used (in language: \_\_\_\_\_)** \_\_\_\_\_

Printed Name and Title

**BAIL DETERMINATION ORDER**

**To be completed by the Magistrate Judge or other judicial official at time of bond determination**

Having considered the foregoing affidavit of financial hardship, as well as the factors set forth in O.C.G.A. § 17-6-1(e)(2), this Court finds that (complete only (1) or (2) below):

(1)

\_\_\_\_\_ The affiant/applicant **does** have a financial hardship and inability to meet the standard bond amount as set forth in the applicable bail schedule that warrants a waiver or reduction of bail, therefore, this Court orders that (complete only one of the following):

(\_\_\_\_\_) The affiant/applicant shall be required to post a reduced bond in the amount of \$ \_\_\_\_\_ which the Court finds that the affiant/applicant can pay.

(\_\_\_\_\_) The affiant/applicant shall be released on an unsecured bond in the amount of \$ \_\_\_\_\_.

(\_\_\_\_\_) The affiant/applicant shall be released on recognizance without a monetary bond.

**OR**

(2)

\_\_\_\_\_ The affiant/applicant **does not** have a financial hardship and inability to meet the standard bond amount as set forth in the applicable bail schedule that warrants a waiver or reduction of bail and therefore bail is set pursuant to the bail schedule in the amount of \$ \_\_\_\_\_.

**SO ORDERED THIS** \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judicial Officer's Signature

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_