

Form JCEB-8

*Empowering Dreams for the Future*

**AFFIDAVIT OF INDIGENCE**

**Affidavit of Parent/Guardian/Student 18 Years Old or Older**

**NOTE: Affidavit is valid only with respect to the appeal of the below-described disciplinary matter.**

1. I am (check one):

|  |  |
| --- | --- |
| the parent of (child’s full name-PLEASE PRINT): |  |

|  |  |
| --- | --- |
| the guardian of (child’s full name-PLEASE PRINT): |  |

|  |  |
| --- | --- |
| a student who is 18 years old or older. My full name is (PLEASE PRINT): |  |

2. I have appealed the Cobb County Board of Education’s decision regarding the discipline of this student/myself. The Board’s

|  |  |
| --- | --- |
| decision was issued on or about (date): |  |

3. I certify and swear that I am indigent and unable to pay the cost of the student disciplinary hearing transcript.

|  |  |
| --- | --- |
| 4. | I understand that the Superintendent or designee may inquire into my ability to pay the cost of the transcript. Therefore, I  understand that I may attach documentation showing proof of my indigence. I have attached the following supporting  documents: |

5. I also understand that a hearing may be held to establish that I am indigent as sworn to in this Affidavit.

6. I understand that, after a hearing, the Superintendent or designee may order me to pay for the transcript by a certain date.

Such order may be appealed pursuant to State Board of Education Rule 160-1-3-.04, School Law Tribunals and Appeals.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Street Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Apartment Number: |  | City: |  | Zip Code: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: Home: |  | Work: |  | Cell: |  |

UNDER PENALTY OF LAW I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.\*

|  |  |
| --- | --- |
| PLEASE NOTARIZE  Sworn to and subscribed before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.  Notary Public:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Guardian Name  (Please Print): .  Parent/Guardian Signature: . |
| Principal/Designee Signature: . |

\*Note: The above information is subject to verification through investigation. O.C.G.A. 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry . . . shall, upon conviction thereof, be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one nor more than five years, or both.”

12/28/06