

INMATE FORM FOR WRIT OF HABEAS CORPUS INSTRUCTIONS - READ CAREFULLY

(NOTE: O.C.G.A. §9-10-14(a) requires the proper use of this form, and failure to use this form as required will result in the clerk of any court refusing to accept this for filing.)

1. Any action filed by an inmate of a state or local panel or correctional institution against the state or a local government or against any agency or officer of a state or local government must be filed on the appropriate form or forms promulgated by the Administrative Office of the Courts.
2. This application must be legibly handwritten or typewritten, and signed by the petitioner. Any false statement of a material fact may serve as the basis for a prosecution for perjury. All questions must be answered concisely in the proper space on the form.
3. Any inmate may submit with the complaint or other initial pleading any additional matter in any form if the pleading includes the form or forms attached hereto. Materials attached to the forms should be legibly handwritten, typewritten or copied.
4. Upon receipt of the appropriate filing fee or if permission to proceed in forma pauperis has been granted, your petition will be filed if it is in the proper order.
5. If the inmate wishes to file an affidavit of indigency, it must be accompanied by a certification from the institution wherein the inmate is incarcerated that the financial statement correctly states the amount of funds in any and all custodial accounts held with the institution.
6. Any Inmate Form for Writ of Habeas Corpus which does not conform to these instructions will be returned with a notation as to the deficiency.
7. These forms may be obtained from the Administrative Office of the Courts through the head of the institution in which the inmate is incarcerated.

IN THE SUPERIOR COURT OF _____
STATE OF GEORGIA

_____,
Petitioner

_____,
Inmate Number

Civil Action No. _____

vs.

_____,
Warden

Habeas Corpus

_____,
Respondent
(Name of Institution where you are now located)

**APPLICATION FOR
WRIT OF HABEAS**

PART I: BACKGROUND INFORMATION ON YOUR CONVICTION

1. Name, county, and court which entered the judgement of conviction under attack:

2. Date of conviction: _____
3. Length of sentence(s): _____
4. Were you sentenced on more than one count of an indictment or on more than one indictment, in the same court and at the same time? Yes No
5. Name the offense(s). List all counts: _____

6. What was your plea? Please check one:
 Guilty
 Guilty but mentally ill
 Nolo contendere
 Not guilty
If you entered a guilty plea to one count or indictment, and a not guilty or nolo contendere plea to another count or indictment, give details: _____

7. Kind of trial. Please check one:
 Jury
 Judge only
8. Did you testify at the trial? Yes No
9. Did you appeal the conviction? Yes No
10. If you did appeal, answer the following:
Name of appellate court to which you appealed: _____
Results of appeal: _____
Date of Result: _____
11. Other than a direct appeal from the judgement of conviction and sentence, have you

previously filed any petitions, applications, or motions with respect to this conviction in any state or federal court? Yes No

12. If your answer to 11 was "Yes", give the following information: (Note: if more than three petitions, please use a separate sheet of paper and use the same format to list them.)

A.. Name of court and case number : _____
What kind of case or action was this? _____
All grounds raised (attach extra sheet of paper if necessary): _____

Did a judge hear the case? Yes No Did witnesses testify? Yes No

Name of judge: _____

Result: _____

Date of result: _____

B. As to any second petition, application or motion, give the same information.

What kind of case or action was this? _____

All grounds raised (attach extra sheet of paper if necessary): _____

Did a judge hear the case? Yes No Did witnesses testify? Yes No

Name of judge: _____

Result: _____

Date of result _____

C. As to any third petition, application or motion, give the same information.

What kind of case or action was this? _____

All grounds raised (attach extra sheet of paper if necessary): _____

Did a judge hear the case? Yes No Did witnesses testify? Yes No

Name of judge: _____

Result: _____

Date of result: _____

D. Did you appeal to the Georgia Supreme Court or the Georgia Court of Appeals from the result taken on any petition, application or motion listed above?

First petition, application or motion: Yes No

Second petition, application or motion: Yes No

Third petition, application or motion: Yes No

E. If you did not appeal from the denial of relief on any petition, application or motion, explain briefly why you did not: _____

F. If you appealed to the highest state court having jurisdiction, did you file a petition for certiorari

in the United States Supreme Court to review the denial of your petition by the Georgia Supreme Court or the Georgia Court of Appeals? Yes No

13. Do you have any petition or appeal now pending in any court, either state or federal, as to the petition under attack? Yes No

14. Give the name and address, if known, of each attorney who represented you in the following stages of the judgement attacked herein:

At preliminary hearing: _____

At arraignment and plea: _____

At trial: _____

At sentencing: _____

On appeal: _____

In any post-conviction proceeding: _____

On appeal from any adverse ruling in a post-conviction proceeding: _____

15. Do you have any other sentence, either state or federal, to serve after you complete the sentence imposed by the conviction under attack? Yes No

If so, give the name and location of the court(s) which imposed any other sentence: _____

and give the date and length of any other sentence to be served: _____

Have you filed, or do you contemplate filing, any petition attacking the judgement(s) which imposed any other sentence? Yes No

PART II: STATEMENT OF YOUR CLAIMS

State concisely every ground on which you now claim that you are being held unlawfully. Summarize briefly the facts supporting each ground. If necessary, you may attach pages stating additional grounds and facts supporting same.

1.

GROUND ONE: _____

SUPPORTING FACTS. (Tell your story *briefly* without citing cases or law): _____

2.

GROUND TWO: _____

SUPPORTING FACTS. (Tell your story *briefly* without citing cases or law): _____

3.

GROUND THREE: _____

SUPPORTING FACTS. (Tell your story *briefly* without citing cases or law): _____

4.

GROUND FOUR: _____

SUPPORTING FACTS. (Tell your story *briefly* without citing cases or law): _____

PART III: OTHER CLAIMS NOT PRESENTED TO A COURT BEFORE THIS

If any of the grounds listed in PART II were not previously presented in any other court, state or federal, state *briefly* what grounds were not so presented, and give your reasons for not presenting them:

Wherefore, petitioner prays that the Court grant relief to which the petitioned may be entitled in this proceeding.

Date

Signature and Address of Petitioner's
Attorney (if any attorney)

I declare (or certify, verify or state) under penalty of perjury that the foregoing statements made in this Application for Writ of Habeas Corpus are true and correct.

Executed on _____
Date

Signature of Petitioner

Please note that under O.C.G.A. §9-14-45 service of a petition of habeas corpus shall be made upon the person having custody of the petitioner. If you are being detained under the custody of the Georgia Department of Corrections, an additional copy of the petition must be served on the Attorney General of Georgia. If you are being detained under some authority other than the Georgia Department of Corrections, an additional copy of the petition must be served upon the district attorney of the county in which the petition is filed. Service upon the Attorney General or the district attorney may be had by mailing a copy of the petition and a proper certificate of service.

IN THE SUPERIOR COURT OF _____
STATE OF GEORGIA

_____,
Petitioner

_____,
Inmate Number

vs.

_____,
Warden

_____,
Respondent
(Name of Institution where you are now located)

Civil Action No. _____

Habeas Corpus

**REQUEST TO
PROCEED IN FORMA**

I, _____, depose and say that I am the plaintiff in the above entitled case; that in support of my request to proceed without being required to prepay fees, costs or give security therefor. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.

I further swear that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes No

If the answer is "Yes", state the amount of your salary or wages per month and give the name and address of your employer: _____

If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received: _____

2. Have you received within the past twelve months any money from any of the following sources?

Business, profession or form of self-employment? Yes No

Pensions, annuities or life insurance payments? Yes No

Rent payments, interest or dividends? Yes No

Gifts or inheritances? Yes No

Any other sources? Yes No

If the answers to any of the above is "Yes", describe each source of money and state the amount received from each source during the past twelve months: _____

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts) Yes No

If the answer is "Yes", state the total value of items owned: _____

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothes)? Yes No

If the answer is "Yes", describe the property and state its approximate values: _____

5. List those persons who are dependant upon you for financial support, state your relationship to those persons, and indicate how you contribute toward their support: _____

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury and that state law provides as follows:

a. A person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, he knowingly and willingly makes a false statement material to the issue on point in question.

b. A person convicted of the offense of perjury shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than ten years, or both. O.C.G.A.§16-10-70.

Signature of the Petitioner Date

VERIFICATION

I am the plaintiff in this action and know the content of the above Request to Proceed in Forma Pauperis. I verify that the answers I have given are true of my own knowledge , except as to those matters that are stated in it on my information and belief, and as to those matters I believe them to be true. I have read the perjury statute set out above and am aware of the penalties for giving any false information on this form.

Signature of Affiant Petitioner Date

THIS FORM IS TO BE COMPLETED BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE.

CERTIFICATION

I hereby certify the Plaintiff herein, _____,
has an average monthly balance for the last twelve (12) months of \$_____ on account
at the _____
_____ institution where confined. (If not confined
for a full twelve (12) months, specify the number of months confined. Then compute the average monthly
balance on that number of months.)

I further certify that Plaintiff likewise has the following securities according to the records of said
institution: _____

Authorized Officer of Institution

Date

NOTE: Please attach a copy of the prisoner's inmate account of the last 12 months or the period of incarceration, whichever is less.