



GEORGIA  
PUBLIC  
DEFENDER  
COUNCIL

### APPLICATION FOR PUBLIC DEFENDER SERVICES

Application Date: \_\_\_/\_\_\_/\_\_\_ Date of Arrest: \_\_\_/\_\_\_/\_\_\_ Date of Offense: \_\_\_/\_\_\_/\_\_\_

In Jail: YES / NO Court: \_\_\_\_\_ County: \_\_\_\_\_ Court Date: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

OTHER NAME(S): \_\_\_\_\_ CASE NUMBER(S): \_\_\_\_\_

CHARGES: \_\_\_\_\_

CO-DEFENDANTS: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

The person who can always reach you: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

MARITAL STATUS: Single / Divorced / Separated / Married / Living with the parent of your children Spouse's Name: \_\_\_\_\_

Is your spouse employed? Yes / No If yes, Where? \_\_\_\_\_

Spouse's Income: \$ \_\_\_\_\_ week/ two weeks/ month/ year (circle one)

Ages of your children who live in the house with you: \_\_\_\_\_

List any other dependents: \_\_\_\_\_

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

If yes, employer name, address, telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_ Length of employment \_\_\_\_\_

If unemployed or employed less than one year at this job, state the date and income of your most recent prior employment. \_\_\_\_\_

INCOME: Net income (total income, minus deductions required by law and child support payments deducted from paycheck)

\$ \_\_\_\_\_ week/ two weeks/ month/ year (circle one)

If child support not deducted from check, state amount of child support obligation: \$ \_\_\_\_\_ week/ month

If incarcerated, do you have income while in jail? Yes / No Amount \$ \_\_\_\_\_

Do you receive child support? Yes / No Amount. \$ \_\_\_\_\_

Do you receive unemployment or workers compensation? Yes / No Amount \$ \_\_\_\_\_

Do you receive: Military, VA, Social Security, SSI, TANF, Food Stamps, or Retirement benefits? Yes / No. Amount: \$ \_\_\_\_\_

If you do not pay your own basic living expenses, state the relationship of the person who does. \_\_\_\_\_

Are you disabled? Yes / No If yes, what type of Disability: \_\_\_\_\_

Does anyone else claim you as a dependent for tax purposes? Yes / No If yes, who \_\_\_\_\_

Other payments you receive from any source \_\_\_\_\_

THINGS YOU OWN: Cash, checking accounts, savings accounts, retirement accounts, inmate accounts: \$ \_\_\_\_\_

Motor vehicles: State year, model and make: \_\_\_\_\_ Est. Value: \$ \_\_\_\_\_

Is any real estate titled in your name? Yes / No Equity: \$ \_\_\_\_\_

Other assets or property, other than usual and customary household furnishings. List and state est. value. \_\_\_\_\_

PROBATION: Court ordered monthly payment. \$ \_\_\_\_\_

UNUSUAL EXPENSES: Unusual expenses (other than basic living expenses). Specify type and amount. \_\_\_\_\_



GEORGIA  
PUBLIC  
DEFENDER  
COUNCIL

APPLICATION FOR PUBLIC DEFENDER SERVICES

If you **DO NOT** desire the services of court appointed counsel, please sign and date here:

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

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

**BOND INFORMATION:** Total Bond Amount: \$ \_\_\_\_\_ Who posted your bond? \_\_\_\_\_

Address/phone number for bondsperson: \_\_\_\_\_

**NOTICE OF APPLICATION FEE AND ATTORNEY FEE:** Georgia law requires every person who applies for legal defense services under Chapter 12 of Title 17 to pay the Public Defender Office (the entity providing the services) a single fee of \$50 for the application for, receipt of, or application for and receipt of such services (O.C.G.A. Section 15-21A 6(b)). However, this application fee may not be imposed if the payment of the fee is waived by the court in which you are appearing. The court shall waive this fee if it finds that you are unable to pay the fee or that hardship will result if the fee is charged. (O.C.G.A. Section 15-21A 6(b)). Attorney fees for court- appointed representation may also be imposed by the court at sentencing.

**VERIFICATION AND RELEASE:** BY MY SIGNATURE BELOW, I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND BASED UPON MY PERSONAL KNOWLEDGE, AND I REQUEST THAT THE CIRCUIT PUBLIC DEFENDER'S OFFICE (CPD) REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDENT PERSON I AM PARENT OR GUARDIAN OF, IN THE ABOVE STYLED CASE(S). FURTHER, I AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL SITUATION TO THE CPD OR TO THE COURT. I HEREBY AUTHORIZE ANY PERSON OR AGENCY REQUESTED BY THE CPD OR ANY OF ITS EMPLOYEES TO RELEASE TO THE CPD ANY INFORMATION REQUESTED TO ASSIST IN CONSIDERATION OF MY APPLICATION. INFORMATION MAY INCLUDE INFORMATION ABOUT HOUSEHOLD INCOME, EMPLOYMENT, EXPENSES, LIABILITIES, OR OTHER INFORMATION REQUESTED TO ASSESS THE APPLICATION. I ALSO VERIFY THAT I HAVE READ THE NOTICE OF APPLICATION FEE. I UNDERSTAND THAT IF I HAVE MADE ANY FALSE STATEMENTS THAT I MAY BE CHARGED WITH A FELONY WHICH CARRIES A PENALTY OF FROM ONE TO FIVE YEARS to wit: § 16-10-20. False statements and writings; concealment of facts: 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, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state 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.

This Application is for \_\_\_\_\_ case(s). I understand that I will be assessed an application fee and any applicable attorney fees for each case.

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ASSISTANCE:** The understated person provided assistance to the defendant/child with the completion of this form due the defendant's inability to read and write.

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ (Print Name)