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 <u>each</u> case.

I HEREY 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)

(rev. 08/2015)

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. _____