

APPLICATION FOR PUBLIC DEFENDER SERVICES

IN THE _____ COURT OF _____ COUNTY,

STATE OF GEORGIA

STATE v. _____
Defendant / Child

Case No. (S) _____

CHARGE(S) _____

Date of Arrest _____ / _____ / _____

Name _____
Last First Middle

Address _____

Telephone (Home) _____ (Work) _____

The person through whom you can always be contacted: _____

Address _____

Telephone (Home) _____ (Work) _____

Sex Male Female Date of Birth _____
Place of Birth _____ Social Security
Number _____ / _____ / _____

Do you speak English? () Yes () No

Are you a U.S. Citizen? () Yes () No

Race: _____

IMMIGRATION STATUS:

() Undocumented () Legal Permanent Resident* (Green Card Holder)

() Visa Holder () Work Permit* Holder () Amnesty Applicant

() Other - Describe _____

Citizenship Status _____

Marital Status () Single () Married () Divorced () Separated

Spouse's Name _____

Number of Dependents that you currently support: _____

I pay \$ _____, receive \$ _____ in court ordered Child Support payments, per:
_____ week, _____ month.

State the age and sex of each child for which you pay child support:

Prior Military Service:

Branch _____ Years _____ to _____

Education: Highest grade completed: _____

Other Training: _____

Are you disabled? () No () Yes, Type of Disability _____

Employed? () Yes () No

If Yes, Occupation: _____

Employer: Name _____

Address _____

Telephone _____

Job Title _____

Length of Employment: _____

INCOME & ASSETS

Income: Net income (total salary and wages, minus deductions required by law, including court ordered child support payments):

\$ _____ per week \$ _____ bi weekly \$ _____ per month

\$ _____ per year

Spouse's Earnings:

\$ _____ per week \$ _____ bi weekly \$ _____ per month

\$ _____ per year

Other Benefits:

Social Security \$ _____ Veterans' Benefits \$ _____

Worker's Compensation \$ _____ Other \$ _____

Things I Own:

Cash \$ _____ Savings Account \$ _____ Bank Accounts \$ _____

Stocks & Bonds \$ _____ Jewelry \$ _____

Certificates of Deposit \$ _____ Equity in Real Estate \$ _____

Equity in other Tangible Property \$ _____

Equity in Motor Vehicles

Type: _____ \$ _____ Type: _____ \$ _____

Type: _____ \$ _____ Type: _____ \$ _____

For Each Vehicle, state the following: _____ Year _____ Make

_____ Year _____ Make _____ Year _____ Make

I am _____ in jail _____ out on bond. Total Bond Amount \$ _____

Who posted your Bond? Name: _____

Address: _____

Telephone: _____

I receive ADFC: ()Yes ()No. I receive Supplemental Security Income (SSI): ()Yes ()No
State any other source of income or additional assets not specifically requested above: _____

BY MY SIGNATURE BELOW, I SWEAR UNDER THE 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 REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDANT 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 CIRCUIT DEFENDER OFFICE OR TO THE COURT.

If the Defendant/Child is unable to read, write or understand English, the person assisting in the completion of this document must complete the "Assistance" section below.

This _____ day of _____ 20_____.

Name (Print): _____

Signature: _____

ASSISTANCE

The understated person provided assistance to the Defendant/Child with the completion of this form due to their inability to read and write.

Name: _____

Address: _____

NOTICE OF APPLICATION FEE
THE OCMULGEE JUDICIAL CIRCUIT PUBLIC DEFENDER OFFICE

Georgia Public Defender Standards Council
PO Box 1429
Milledgeville, GA 31059
Tel 478-445-8100
Fax 478-445-8111

Georgia law requires every person who applies for legal defense services under Chapter 12 of Title 17 of the Official Code of Georgia Annotated to pay the Public Defender Office (the entity providing the services) a single fee of \$50.00 for the application for, receipt of, or application for and receipt of such services. [O.C.G.A. & 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 may 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. & 15-21A-6 (b)]

IF YOU ARE PLACED ON PROBATION AND THE FEE IS UNPAID AT THAT TIME, THE FEE WILL BECOME A CONDITION OF PROBATION AND MUST BE PAID PRIOR TO TERMINATION OF PROBATION.

If you would like to request a waiver, please fill out the waiver motion form and have it notarized. You can get a waiver motion form from the Public Defender Office.

Please note that only the trial judge is authorized to waive this fee. If the fee is not waived, then it must be paid at the time of services are undertaken or prior to the completion of your case. IN ANY EVENT THE APPLICATION FEE MUST BE WAIVED OR PAID BEFORE YOUR CASE IS CLOSED.

Only a money order in the amount of \$50.00 will be accepted for payment of this fee. Please be sure the name of the person we represent is on the money order.

Please make the money orders payable to the:

Georgia Public Defender Standards Council
PO Box 1429
Milledgeville, GA 31059
Tel 478-445-8100
Fax 478-445-8111

Because a separate entity is receiving the funds, PLEASE RETAIN YOUR RECEIPT FOR THE MONEY ORDER FOR YOUR RECORDS.

DATE

APPLICANT'S SIGNATURE