

RIGHTS TO REPRESENTATION

All persons charged with a crime have the right to: (1) represent themselves; (2) hire a private attorney; or (3) if they are deemed "indigent", have a public defender appointed to represent them.

Being deemed "indigent" means that under state guidelines a person is financially unable to hire a private attorney. In this instance the indigent person may request the appointment of a public defender for their case.

If you believe you might be indigent, do not wish to represent yourself, and would like to request a public defender please fill out the attached application for public defender services and turn it in to the authorities where you are being jailed.

If you post bond before being notified of your status for a public defender, please contact the Public Defender's office Monday through Friday from 9:00 a.m. to 5:00 p.m. at the following telephone number or address:

Ocmulgee Circuit Public Defender's Office
P.O. Box 747
Gray, GA 31032
478/986-6185

Ocmulgee Circuit Public Defender's Office
P.O. Box 1429
Milledgeville, GA 31059
478/445-8100

Ocmulgee Circuit Public Defender's Office
113 N. Main Street
Suite 123
Greensboro, GA 30642
706/454-7012

YOU ARE REQUIRED TO COMPLETE A NEW APPLICATION WHEN YOU ARE RELEASED FROM JAIL ON BOND. PLEASE CONTACT US AT THE ADDRESS OR PHONE NUMBER ABOVE TO RE-APPLY.



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. _____



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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)

(rev. 08/2015)

NOTICE OF APPLICATION FEE
THE OCMULGEE JUDICIAL CIRCUIT PUBLIC DEFENDER OFFICE
166 Industrial Boulevard
P.O. Box 747
Gray, GA 31032
478/986-6185 (Phone)

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 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 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 COUNCIL (GPDC)
P.O. Box 747
Gray, GA 31032

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

Date

Applicant's Signature



GEORGIA
PUBLIC
DEFENDER
COUNCIL

DEPENDENT SUPPLEMENT

NAME: Last _____ First _____ Middle _____

Supplemental Interview Date: ____/____/____ CASE/INDICT. # _____

DEPENDENT ON TAX RETURNS:

The person who claims you as a dependent for income tax purposes is _____

Are you covered by a health insurance policy? Yes or No (circle one). If so, with what company and who pays the premium? _____

STUDENTS:

What school do you attend? _____

The amount of tuition paid is \$ _____ per _____.

The amount paid for books is \$ _____ per _____.

Who pays your tuition? _____

SUPPORT:

What kind of transportation do you have? _____

Who pays for your car, insurance, gasoline and maintenance and in what amount(s)? _____

Who pays for your housing and in what amount(s)? _____

Who pays for your meals and in what amount(s)? _____

Who pays for your utilities and other living expenses and in what amount(s)? _____

GRANTS, SCHOLARSHIPS, ASSISTANCE AND LOANS RECEIVED are as follows:

Amount	Type of Grant/Loan/Scholarship/Assistance	Name of Provider
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

BEFORE YOUR APPLICATION CAN BE PROCESSED:

You must provide to our office with ____ days your state and federal income tax returns for the past ____ years.

You must provide to our office within ____ days the state and federal income tax returns of _____ for the past ____ years.

You must provide to our office within ____ days the following:



GEORGIA
PUBLIC
DEFENDER
COUNCIL

APPLICANT APPROVAL/DISAPPROVAL AND VERIFICATION OF INFORMATION

NAME: _____

Last

First

Middle

The applicable poverty standard is determined to be: \$ _____ (net) per _____

The Applicant's income (as defined by the Guidelines for Determining Qualification of Applicants for Services of GPDC) is determined to be: \$ _____ (net) per _____

The following information has been requested and/or verified. Note any assets that are determined sufficient to employ an attorney.

The Applicant is determined to be:

Eligible

Not Eligible

Pending for (state reason) _____

Court required CPD to represent (state circumstances above)

This _____ day of _____, 20____.

By: _____ [Interviewer / PRINT NAME]

By: _____ [Approving Authority / PRINT NAME]

(Rev. 09/2015)