

APPLICATION FOR PUBLIC DEFENDER SERVICES

COUNTY: _____

Case No.(S) _____ Date of Arrest: ____/____/____ Court Date: ____/____/____

CHARGE(S) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (Home) _____ (Cell) _____ (Work) _____

The person through whom you can always be contacted: _____

Address: _____
Street City State Zip

Telephone: (Home) _____ (Cell) _____ (Work) _____

Note: If your address changes, you must notify this office and the Clerk of Court of your new address.

Sex: Male Female Date of Birth ____/____/____ Social Security Number ____/____/____

Race: _____ Are you a U.S. Citizen? Yes No Do you speak English? Yes No

Where were you born? _____ Citizenship Status: _____

Education: Highest grade completed: ____ GED College: Yes No

Employed? Yes No If Yes, Job Title: _____

Employer: Name _____

Address _____

Telephone _____ How long have you worked there? _____

If unemployed, when did you last work? _____ Where? _____

How much did you make there? _____

Marital Status: Single Divorced Separated Married Spouse's Name: _____

Is your spouse employed? Yes No If yes, then where? _____

Dependants: State the names and ages of the children who live in the house with you:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

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

I am paid Weekly Every 2 weeks Monthly Net Amount \$ _____

Spouse's Earnings:

I am paid Weekly Every 2 weeks Monthly Net Amount \$ _____

Child support: I Pay Receive court ordered Child Support payments: \$ _____ week month
The age and sex of each child for which you pay child support:

Other Benefits:

Are you disabled? No Yes, Type of Disability _____

SSI: \$ _____ Social Security \$ _____ TANF: \$ _____ Veterans' Benefits \$ _____

Unemployment \$ _____ Worker's Compensation \$ _____ Other income \$ _____

Things you own:

Cash \$ _____ Savings Account \$ _____ Checking Accounts \$ _____

Stocks and Bonds \$ _____ CDs \$ _____ Jewelry \$ _____

Equity in Real Estate \$ _____ Equity in other Tangible Property \$ _____

Motor Vehicles

Year/make/model: _____ What's it worth? \$ _____

Year/make/model: _____ What's it worth? \$ _____

I am In Jail Out of Bond Total amount \$ _____ bond. Bonding Company Property Bond

Name of Bonding Company: _____ or person who posted bond: _____

Address: _____ Phone: () _____

Have you or any family member retained or attempted to retain an attorney? Yes No

If so, Who _____

I am currently on: Probation Parole Both Neither

Was anyone arrested with you? Yes No If so, Who _____

By placing my initials here _____, I give permission to the Public Defender's Office to discuss my case with the following family members, friends or other person(s): (Please include names & phone numbers)

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 sign below.

Signature of Defendant

Date

Name of Person who Assisted (Please Print)

Signature of Person who Assisted (Please Print)

OFFICE USE ONLY

Eligible Ineligible

NOTICE OF APPLICATION FEE

THE CHEROKEE JUDICIAL CIRCUIT PUBLIC DEFENDER OFFICE

BARTOW COUNTY
114 W. CHEROKEE AVENUE
CARTERSVILLE, GA 30120
PHONE: 678-721-3254
FAX: 678-721-3255

GORDON COUNTY
101 BOSTON ROAD
CALHOUN, GA 30701
PHONE: 706-879-2160
FAX: 706-879-2161

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 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:

**Clerk of Superior Court
135 West Cherokee Avenue
Cartersville, GA 30120**

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

Applicant's signature

Date

OFFICE OF THE PUBLIC DEFENDER

Cherokee Judicial Circuit

Christopher G. Paul
Circuit Public Defender

Kelley A. Dial
Edward P. Dettmar
Jennifer R. Ennerberg
Samir J. Patel
Marc A. Clark
Kearston M. Gill
Lance Dutton
Timothy L. Kimble



Bartow County
114 W. Cherokee Avenue
Cartersville, Georgia 30120
Telephone: 678-721-3254
Facsimile: 678-721-3255

Gordon County
101 Boston Road
Calhoun, Georgia 30701
Telephone: 706-879-2160
Facsimile: 706-879-2161

DEFENDANT INSTRUCTION SHEET

Thank you for choosing the Georgia Public Defender Standards Council to represent you. Please complete the following in order for our office to process your case.

1. **Complete the attached Application. Please provide an accurate and up to date address and phone number(s). Please be sure to sign and date both the Application and the Notice of Application Fee.**
2. **Provide proof of income. Sufficient documentation includes one of the following - a copy of last year's tax return, current pay stub, welfare ID, social security check stub or a signed and notarized statement from your employer on his/her company letterhead verifying your weekly wage. RETURN COMPLETED FORMS ALONG WITH YOUR PROOF OF INCOME AND DOCUMENTS RECEIVED TODAY IN COURT TO THE ADMINISTRATIVE STAFF.**
3. **Pay the \$50 application fee to our office located at 114 W. Cherokee Avenue (white building located across the street from the Courthouse) as soon as possible. Payment must be made to Clerk of Superior Court in money order only (no cash or checks).**

If you do not have documentation with you today regarding your proof of income, you must provide it to our office immediately. **Your file will not be opened and assigned to an attorney until proof of income is provided.**