

**FULTON COUNTY-MAGISTRATE AND STATE COURT
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: _____ **Email Address:** _____

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: \$ _____ **per** week two weeks month year

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** _____

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

\$ _____ **per** week two weeks month year

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.** \$ _____

FULTON COUNTY-MAGISTRATE AND STATE COURT
APPLICATION FOR PUBLIC DEFENDER SERVICES

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: \$ _____

Do you pay rent? Yes No If so, how much: \$ _____

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 in your name? Yes No

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:

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

FULTON COUNTY-MAGISTRATE AND STATE COURT
APPLICATION FOR PUBLIC DEFENDER SERVICES

APPLICATION FOR PUBLIC DEFENDER SERVICES

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 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. 10/20)