

## 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**

**P.O. Box 747  
Gray, Georgia 31032  
478/986-6185  
478/986-6359 (Fax)**

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:

Georgia Superior Court Clerks' Authority (GSCCA)  
P.O. Box 747  
Gray, Georgia 31032

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date