

716-D 16th Ave. East
Cordele, GA 31015
229/276-2768
229-273-5396 Fax

THE CORDELE JUDICIAL CIRCUIT
PUBLIC DEFENDER OFFICE

117 South Sheridan Street
Fitzgerald, GA 31750
229/426-5091
229-426-5093 Fax

APPLICATION FOR PUBLIC DEFENDER SERVICES
*****MUST BE FILLED OUT COMPLETELY AND CORRECTLY -**
INCOMPLETE APPLICATION WILL BE REJECTED***

County: _____ Date: _____
Case or Warrant Number _____
Name: _____ Arrest Date: _____
Address: _____ City: _____
State _____ Zip _____ Telephone No. (Home) _____ (Other) _____
Date of Birth: _____ Social Security No. _____ Place of Birth: _____
Sex: Male _____ Female _____ Race: () African American () White () Hispanic () Other _____
Charges: _____
In Jail _____ Where _____ Out on Bond _____ Amount \$ _____
Education: Highest Grade Completed: _____ Special Education Classes: () Yes () No
Marital Status: () Single () Married () Divorced () Separated How many live in Household? _____
TOTAL INCOME:
Salary \$ _____ Per Week/Per Month. (Income may be verified) If Unemployed, How Long? _____
Your Current Employer: _____ How Long Employed: _____
Spouse's Name _____ Spouse's Employer: _____
Salary \$ _____ Per Week/Per Month. (Income maybe verified) No. of Children Supporting _____
Ages _____ Amount of Child Support you pay \$ _____
Do you have a Disability? () Yes () No. Do you or anyone living in your household receive SSI; AFDC; VA
Benefits; Workman's Compensation; Other Benefits? () Yes () No If yes, how much \$ _____
Other Assets: _____
Own Home () Rent Home () Amount you pay \$ _____ Weekly/Monthly.
Do you own a motor vehicle? () Yes () No. If yes, Year/ Model _____ How much owed? \$ _____
Do you Speak and Write English? () Yes () No Are you a U.S. Citizen? () Yes () No
IMMIGRATION STATUS: () Undocumented () Legal Permanent resident (Green card holder)
() Visa Holder () Work Permit Holder () Amnesty Application Other _____

I am requesting the services of the Public Defender's Office because I cannot afford an attorney. I understand that I am providing information to determine eligibility for indigent representation. I understand that if my financial situation changes I must inform the Public Defender's Office for further evaluation. I have completed this form and certify that the information given is true and correct, I understand that giving false information on this form may result in criminal prosecution.

This _____ day of _____, 20_____.

APPLICANT/DEFENDANT'S SIGNATURE

PUBLIC DEFENDER REPRESENTATIVE

() Eligible () Ineligible Date: _____

THE CORDELE JUDICIAL CIRCUIT PUBLIC DEFENDER OFFICE
716-D 16th Ave. East **Cordele, GA 3 1015**
229/276-2768 **229273-5396 Fax**

STATE OF GEORGIA **PAYMENT IS DUE WITH APPLICATION**
COUNTY OF _____

NOTICE OF APPLICATION 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 \$50.00 for the application for, receipt of, or application for and receipt of such services. [O.C.G.A. Section 15-21A-6(b)]. Further, Georgia Law requires that the Court impose this fee as a condition of probation in a case where a conviction is had if it is not paid prior to disposition of the case.

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)]

If you would like to request a waiver, please fill out the attached verified motion form and have it notarized.

Please note that only the trial judge can 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 required will be accepted for payment of this fee.

Please make the money order payable to:

GPDSC
716-D 16th Ave. East
Cordele, GA 31015

***Please be sure the name of the person we represent is on the money order.**

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

Applicant's Signature

Date

CLIENT INFORMATION FORM

Education:

High School Grad (y/n) _____ School: _____

Year _____ GED (y/n) _____

If Dropout, during what grade? _____ Why? _____

College/Vocational Training (y/n) _____ Details: _____

Now is School or Training (y/n) _____ Details: _____

Employment:

Currently Employed (y/n) _____ Is Job still Open (y/n) _____

Most Recent Employer _____

Address _____ Phone _____

Start Date _____ Stop Date _____

Why? _____

Criminal Record:

Juvenile (y/n) _____ Adult (y/n) _____ Felonies (y/n) _____

On Probation (y/n) _____ Parole (y/n) _____ PO's Name: _____

On Good terms with PO (y/n): _____ # of FTA's _____ FTA Reason: _____

Medial, Psych. or Substance Abuse Problems:

Current Medical Problems: _____

Current or Past Medications: _____

Current Drug Use: _____

Past Drug Use: _____

Suicide Attempts: (y/n) _____ How and when? _____

Psych. Or Drug Counseling Information: _____

INCIDENT QUESTIONNAIRE

What are you charged with? _____

When did the incident that led to your arrest happen? _____

Where did the incident occur? _____

Who else was there? Please provide whatever you can of the following: name,
phone number(s), addresses: _____

Was anyone else charged? _____ Who? _____

Where were you right before the incident? _____

Were you drunk? _____ High? _____ On What? _____

How much had you had? _____

What Happened?

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA

*

vs.

*

_____ CHARGE(s): _____

WAIVER OF ARRAIGNMENT AND PLEA OF NOT GUILTY

COMES NOW, above named defendant, with and through his/her attorney in the above-styled case, and after being fully advised of his right to a formal arraignment, reading of the charges, and to be present at a formal arraignment in this case, does hereby acknowledge that his/her attorney has read and explained the charges contained in the indictment/information/ accusation to the Defendant, that the Defendant understands the charges and the rights aforesaid, and does hereby freely, voluntarily, and knowingly and intelligently, waive formal arraignment and reading of the charges and Pleads NOT GUILTY to the charges and the indictment/accusation/information.

This _____ day of _____, 20_____.

X _____
Defendant

X _____
Mailing Address

X _____
City State, Zip

X _____
Telephone Number

(Assistant) Circuit Public Defender
Cordele Judicial Circuit
Public Defender Office