



**GEORGIA PUBLIC DEFENDER
COUNCIL APPLICATION FOR
PUBLIC DEFENDER SERVICES**

Application Date: ___/___/___ **Date of Arrest:** ___/___/___ **Date of Offense:** ___/___/___

In Jail: **NO** **Court:** **SUPERIOR** **County:** **GORDON** **Court Date:** _____

NAME: Last _____ First _____ Middle _____

OTHER NAME(S): _____ **CASE NUMBER(S):** _____

CHARGES: _____

CO-DEFENDANTS (PERSON ARRESTED WITH YOU): _____

YOUR INFORMATION:

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. _____



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:

