

**GEORGIA PUBLIC DEFENDER  
STANDARDS COUNCIL**



**Application for Services  
Brunswick Judicial Circuit  
Public Defender**

*Completing this application does not necessarily establish an attorney client relationship*

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrest Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Offense: \_\_\_\_/\_\_\_\_/\_\_\_\_

In Jail: YES / NO Court: \_\_\_\_\_ County: \_\_\_\_\_ Court Date: \_\_\_\_\_

**NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

CHARGES	WARRANTS	VICTIM	BOND

Case Number: \_\_\_\_\_

Co-Defendants: \_\_\_\_\_

Probation: \_\_\_\_\_ Parole: \_\_\_\_\_

**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? (This includes self-employment, part-time work, or "odd jobs") Yes / No

If yes, employer name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Your job title: \_\_\_\_\_ Length of employment \_\_\_\_\_

If unemployed or employed less than one year on the 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 pay check)

\$ \_\_\_\_\_ week/ two weeks/month (circle one) If child support not deducted from check state amount: \_\_\_\_\_

If incarcerated, do you have income while in jail? Yes / No Amount: \$ \_\_\_\_\_

Do you receive child support? Yes / No If yes, 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 do you have? \_\_\_\_\_

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: \_\_\_\_\_ 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 value: \_\_\_\_\_

**PROBATION:** Court ordered monthly payment. \$ \_\_\_\_\_

**UNUSUAL EXPENSES:** Unusual expenses (other than basic living expenses). Specify type and amount \_\_\_\_\_

**BOND INFORMATION:** Total bond amount: \$ \_\_\_\_\_ Who posted your bond?: \_\_\_\_\_

Bondsman address: \_\_\_\_\_ Bondsman telephone: \_\_\_\_\_

### IMPORTANT DISCLOSURES –PLEASE READ CAREFULLY

#### 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 public defender representation may also be imposed by the Court at sentencing This Application is for \_\_\_\_\_ case(s). I understand that I will be assessed an application fee and any applicable attorney fees for each case. \_\_\_\_\_ (INITIAL)

#### 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 Brunswick 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: Section 16-10-20. False statements and writings; concealment of facts: A person who knowingly and wilfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement of entry, in any matter within the jurisdiction of any department agency or 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.

\_\_\_\_\_ (INITIAL)

**RECORDS RETENTION POLICY**

Unless otherwise required by law, or for other good cause, **Public Defender Office client case files are kept for a period of TEN (10) years, after which said records shall be destroyed.** The ten year period commences upon dismissal, nolle prosequere, dead docket or upon conviction or deferral of adjudication and imposition of sentence pursuant to the First Offender Act or other state law. In cases where a motion for reconsideration or motion for new trial has been filed, or a direct appeal, then the ten year period shall commence after the conviction/deferred adjudication and sentence have become final upon the entry of an order disposing of said motion or appeal.

Closed client case files are centrally stored and archived approximately ninety days after the conclusion of the case. Any time thereafter that information or copies of documents are requested by a client, there will be a standard fee of \$25.00 to retrieve the file from our archive. Payment shall be made by cashiers check or money order made payable to the Georgia Public Defender Standards Council.

Absent any extraordinary circumstances, the Public Defender Office ordinarily requires at least ten (10) business days within which to retrieve close client case files. Please be advised, moreover, that "discovery" is often furnished pursuant to court rule "in confidence." In some cases, there material contained therein may have to be redacted (blacked out) before the file is turned over. In rare cases, the Public Defender Office may require that the client obtain a court order authorizing release of all or part of the client case file.

Should the client request copies of any portion of a closed client case file, then the Public Defender Office shall charge twenty-five cents per copied page.

Further provided, however, that upon verification of present indigency, the archive fee shall be waived. A first copy of any portion of a closed client case file shall also be free of charge for those verified to be indigent at the time of the request.

Nothing herein shall be construed as an abridgment of client rights with respect to their closed case files. Clients who desire to retrieve their closed case file(s) prior to the destruction thereof are strongly advised to submit a written request for said file(s) after the fifth anniversary of the closing of same. \_\_\_\_\_ (INITIAL)

**DUTY TO APPLY / DUTY TO INFORM**

I understand that it is my duty if accepted as a Public Defender client to keep the Public Defender Office informed of my address and telephone number – and that my failure to do so may authorize the Public Defender Office to withdraw from any further representation. Specifically, I understand that should I be released on bail, or otherwise, that I should report to the Public Defender Office within 72 hours. I further understand that I should report again within 72 hours should I receive an arraignment notice. I understand that it is my duty to apply promptly for Public Defender services as soon as I discover that I may require the assistance of the Public Defender Office, and that my failure to timely apply for Public Defender services may result in a waiver of my right to appointed counsel. If accepted as a client, I further understand that the Public Defender may withdraw as my legal counsel without further notice if I fail to promptly inform the Public Defender Office of any change(s) in my address or telephone number or other contact information, miss scheduled appointment(s) and/or court dates, or otherwise fail to communicate and cooperate with respect to my case. \_\_\_\_\_ (INITIAL)

***I hereby swear or affirm that all of the above information is true and correct to the best of my knowledge.***

This \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

**ASSISTANCE:** The undersigned person provided assistance to the Defendant/child with the completion of this form due to the defendant's inability to read and write:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

INTERVIEWERS NAME: \_\_\_\_\_  
Print Name