Instruction to Apply for the Services of the Public Defender's Office

1. Complete the attached application, accurately and completely. Applications received containing incomplete or inaccurate information will not be considered.

2. Swear and affirm that all the information provided is true and correct to the best of your knowledge by signing and dating document.

3. Email completed application to office@kauhanelaw.com.

4. If you have not received correspondence regarding the approval or denial of your application within 3 days, please call 912-999-8005.

APPLICATION FOR PUBLIC DEFENDER/INDIGENT DEFENSE SERVICES

BRYAN COUNTY STATE COURT; STATE OF GEORGIA

CASE NO:_____ DATE:_____

NAME (*LAST, FIRST, MIDDLE*): _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____SSN:_____

OTHER NAMES USED:_____

MAILING ADDRESS: _____

TEL: (_____)_____EMAIL:_____

CASE INFO

DATE OF OFFENSE:_____ DATE OF ARREST:_____BOND AMOUNT $_____

CHARGES:_____

_____.

WHO POSTED YOUR BOND? _____.
(Name, address, and phone)

HOUSEHOLD INFORMATION

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ MARRIED BUT SEPARATED

SPOUSE NAME (*IF APPLICABLE*): _____

AGES OF CHILDREN (18 Y/O AND YOUNGER) OR OTHER DEPENDENTS:

_____

HOUSEHOLD INCOME

IS APPLICANT CURRENTLY EMPLOYED (INCLUDING SELF EMPLOYMENT, PART-TIME WORK, OR "OTHER 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? No / Yes Amount $ _____

Do you receive child support? No / Yes Amount $ _____

Do you receive unemployment or workers compensation? No /Yes Amount $ _____

Do you receive: Military, VA, Social Security, SSI, TANF, Food Stamps, or Retirement benefits? No/ Yes Amount:$ _____.

If you do not pay your own basic living expenses, state the relationship of the person who does.

_____.

Are you disabled? No /Yes If yes, what type of Disability: _____.

Does anyone else claim you as a dependent for tax purposes? No / Yes If yes, who _____.

Other payments you receive from any source: _____.

THINGS YOU OWN: Cash, checking accounts, savings accounts, retirement accounts, inmate accounts balances: $ _____.

Motor vehicles: State year, model and make: _____ Est.Value: $ _____.

Is any real estate titled in your name? No / Yes 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. _____.

IS APPLICANT'S **SPOUSE** CURRENTLY EMPLOYED (INCLUDING SELF EMPLOYMENT, PART-TIME WORK, OR "OTHER ODD JOBS")? ☐ YES ☐ NO

If yes, employer name, address, telephone number: _____.

Job title: _____ Length of employment: _____.

How often does spouse get paid? [ ] weekly [ ] every other week [ ] monthly

Net Income: _____.

Does spouse receive any government assistance?

[ ] yes [ ] no amount received: $_____ per_____

type:_____

Please describe any other sources of income for spouse: _____

_____.

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 PUBLIC DEFENDER (PD) REPRESENT ME, OR THE MINOR CHILD OR TAX DEPENDENT PERSON I AM PARENT GUARDIAN OF, IN THE ABOVE STYLED CASE(S).

FURTHER, I AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL SITUATION TO THE COURT. I HEREBY AUTHORIZE ANY PERSON OR AGENCY REQUESTED BY THE PD OR ANY OF ITS EMPLOYEES TO RELEASE TO THE PD ANY INFORMATION REQUESTED TO ASSIST IN CONSIDERATION OF MY APPLICATION. INFORMATION MAY INCLUDE INFORMATION ABOUT HOUSEHOLD INCOME, EMPLOYMENT, EXPENSES, LIABILITIES, OR THEIR INFORMATION REQUESTED TO ASSESS THE APPLICATION. I UNDERSTAND AND AGREE TO PROVIDE FINANCIAL DOCUMENTATION, SUCH AS PAY STUBS, WITHIN 30 DAYS TO CONTINUE QUALIFYING FOR REPRESENTATION.

I ALSO VERIFY THAT I MAY BE CHARGED WITH A FELONY WHICH CARRIES A PENALTY FROM ONE TO FIVE YEARS TO WIT: § 16-10-20. False statement 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.

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_____. _____
APPLICANT SIGNATURE

<u>* OFFICE USE ONLY***</u>**

The applicable poverty standard is determined to be $ _____ per _____.

The applicant's income (as defined by the Guidelines for Determining Qualifications of Applicants for Services of GPDSC) is determined to be $ _____ per _____.

The applicant is determined to be:

[ ] Eligible
[ ] Not Eligible
[ ] Pending for _____.
[ ] Court appointed