

AFFIDAVIT AND INTERVIEW OF INDIVIDUAL CONCERNING APPOINTED ATTORNEY

Judge _____ Date of Interview: _____ Jail Status: In / Out

Name: _____ AKA: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than mailing): _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Work) _____ (Mobile) _____

Date of Arrest: _____ Next Court Date: _____ Amount of Bond: _____

Charges: _____

Other Pending Hall Co. Charges: _____

Email address: _____ Docket/Offender No.: _____

Social Security Number: _____ Age: _____ DOB: _____

Circle one: Single Married Divorced Separated, how long? _____ Live with Girlfriend / Boyfriend

Spouse's/Girlfriend/Boyfriend Name: _____ DOB: _____ Parent of your children? Y/ N

Dependents – List all children under the age of 18 (even the children not in your custody)

	Name	Relationship to you	Age	Currently live with?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Are you employed? Y/N If yes, where: _____

Date of Hire: _____ Date Last Worked: _____
-OR-

Are you unemployed? Y/N If yes, list last employer: _____

Last day worked: _____ Reason for Leaving: _____
-OR-

Check all that applies: Student, where? _____ SSI, how long? _____ Never worked

Monthly Income:

\$ _____ Wages (take home pay)

\$ _____ Spouse's Wages (take home pay); Employer of spouse: _____

If spouse is unemployed, list last employer: _____ Last day worked: _____

\$ _____ Food Stamps, Social Security, VA, or other assistance program _____

\$ _____ Other source of income (Unemployment, Alimony or Child Support etc...): _____

\$ _____ **Total Monthly Income**

-OR-

If no income, who supports you: _____

Assets:

\$ _____ Cash on hand or any other money not in a bank.

\$ _____ Money in checking or savings accounts; Bank name _____

\$ _____ Real Estate (home, land, buildings, etc.) Location: _____

Amount of original loan: _____ Year purchased: _____ Amount owed: _____

Amount of down payment: _____ Have you refinanced?: Y / N If so, when & amount: _____

\$ _____ All Vehicles (identify make, model, year and estimated value) **If no vehicle, what is your means of transportation:**

\$ _____ List other major assets and estimated value (guns, four wheelers, boats, motorcycles, stocks, bonds, etc.)

\$ _____ **Total Assets**

Monthly Payments on Debt:

\$ _____ Home payment or rent; Paid to whom? _____

-OR- If no home payment or rent, with whom do you live: _____

\$ _____ Vehicle Payment (**vehicles payment only – NOT INCLUDING INSURANCE**)

\$ _____ Alimony or Child support; Paid to whom? _____ Court Ordered: Yes / No

\$ _____ Day Care expenses; Paid to whom? _____

\$ _____ Monthly Probation or Parole? (circle which applies)

\$ _____ Monthly Hospital Bill(s)? (ones you make regular payments on)

\$ _____ **Total Monthly Payments**

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 (FOR FELONY CASES ONLY).** 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.

SWORN STATEMENT:

Upon my oath, I swear that I am unable to afford private counsel; all statements given on both sides of this form are true and correct. I am aware that false swearing is a felony punishable by a fine of not more than \$1,000.00 and/ or imprisonment from one to five years. **I have also been advised, and understand, that I may be ordered to repay all, or a portion, of the costs of my appointed attorney.**

Signature of Applicant _____ Date _____

Notary Public _____ Sworn before me on _____

DO NOT WRITE BELOW THIS LINE

Total Monthly Income: _____ Minus (-) Total Monthly Debt: _____ Plus (+) Total Assets: _____ Equals (=)

Total Monthly Income/Debt: \$ _____ Total Allowed: \$ _____ Recommend Appointment: Yes _____ No _____

Name of Attorney Already Appointed: _____ Name of Appointed Attorney: _____

Comments: _____

Accurint: _____ CJIS: _____ 30 Day mark: _____ Report: _____ Scanned: _____



GEORGIA PUBLIC DEFENDER
STANDARDS COUNCIL
APPLICATION FOR
PUBLIC DEFENDER

APPLICANT APPROVAL/DISAPPROVAL AND
VERIFICATION OF INFORMATION

NAME: _____
Last Name First Name Middle

The applicable poverty standard is determined to be:

\$ _____ (net) per Month

The Applicant's income (as defined by the Guidelines for Determining Qualifications of Applicants for Services of GPDSC) is determined to be:

\$ _____ (net) per Month

.....
The following information has been requested and/or verified. Note any assets that are determined sufficient to employ an attorney.

The Applicant is determined to be:

- Eligible
- Not Eligible
- Pending for (state reason) _____
- Court required CPD to represent (state circumstances above)

This _____ day of _____, 20__

By: _____ Interviewer

_____ Print Name

By: _____ Approving Authority

_____ Print Name

