



**CITY OF AMERICUS
MUNICIPAL COURT**

***CITY OF AMERICUS MUNICIPAL COURT
INDIGENT DEFENSE PROCEDURE***

APPLICATION PROCEDURE

1. Complete the official application and return it within 72 hours with the statutory \$50 application fee. The \$50 application fee may be paid by money order only. Your application will not be processed without a completed application and the \$50 application fee. In extreme cases, the court can waive the fee or allow the fee to be paid at a later time. If you believe you qualify for this waiver then tell the Clerk when you apply with the completed form and you will be given a time at the next available court date to appear and explain your circumstances to the judge.
2. Attach a paystub with year-to-date totals for each job for you and anyone else in your household. Your application can not be processed without the paystub(s).
3. At your first court appearance (most likely today) you will be given a non-attorney trial date to try your case to the judge.
4. Unless you hear from the court or a Public Defender, you must appear at the scheduled non-attorney trial date.

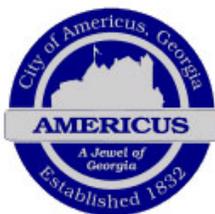
PROCEDURE FOLLOWING APPLICATION

1. If you do not hear from the court clerk or a Public Defender within 7 days you should contact the clerk.
2. But, even if you do not hear from the court or a Public Defender, you must appear at the already scheduled court date.

This the 29th day of July, 2014.

/s/ J. Michael Greene
Judge

Revised: June 26, 2014
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**CITY OF AMERICUS
MUNICIPAL COURT**

**CITY OF AMERICUS - MUNICIPAL COURT
INDIGENT REPRESENTATION APPLICATION**

***You must complete this application IN FULL and submit it to the Clerk of Court.
You must initial at (1), (2), & (3) and sign at (4) indicating that you have read, understand, and agreed.***

APPLICATION DATE: _____ **CASE NUMBER(S):** _____

NAME: _____
: Last Name First Name Middle Name

Address: _____

Telephone No(s): Home: _____ Work: _____ Cell: _____ Does cell accept text? Yes / No

Date of Birth: _____ **Social Security Number:** _____-_____-_____ **Sex:** _____

The person who can always reach you: Name: _____ **Telephone:** _____

Address: _____

MARITAL STATUS: Single / Divorced / Separated / Married / Living with parent of your children (name: _____)

Is your spouse employed? Y/N 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: Employer name, address, telephone number: _____

Job title: _____ **Length of employment** _____

If unemployed or employed less than one year at this job, state the date, place, and income of your most recent prior employment.

If unemployed state the date and place of your three (3) most recent formal (where they will have a record) employment applications.

Are you a student (not high school)? Full-time or Part-time **Amount of student loans received in last calendar year?** \$ _____

INCOME: Net income (total income, minus deductions required by law and child support payments deducted from paycheck)

You must attach a PAYSTUB with year-to-date totals to this application for each job for you and anyone else in your household. Your application can not be processed without the paystub(s).

\$ _____ 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? Y/N Amount \$ _____

Do you receive child support? Y/N Amount. \$ _____

Do you receive unemployment or workers compensation? Y/N Amount \$ _____

Do you receive: Military, VA, Social Security, SSI, TANF, Food Stamps, or Retirement benefits? Y/N. Amount: \$ _____

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

Are you disabled? Y/N If yes, what type of Disability: _____

Does anyone else claim you as a dependent for tax purposes? Y/N 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? Y/N 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. _____

(1) _____ **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 City of Americus (who has contracted with the Public Defender Office which is 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 court-appointed representation may also be imposed by the court at sentencing.**

(2) _____ **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. I hereby authorize any person or agency requested by the CPD or any of its employees to release to the CPD, the court, or the court's appointed agent, 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: § 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.**

(3) _____ **I UNDERSTAND THAT I WILL BE ASSESSED AN APPLICATION FEE AND, IF APPROVED, ANY APPLICABLE ATTORNEY FEES FOR EACH CASE.**

(4) _____ **I UNDERSTAND ALL FEES CAN BE ADDED TO MY SENTENCE IF I AM FOUND GUILTY OR PLEAD GUILTY AND ASSESSED AGAINST ME EVEN IF I AM FOUND NOT GUILTY.**

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____ ASSISTANCE: The understated person provided Assistance

SIGNATURE: _____
 Print Name: _____

SIGNATURE: _____
 Print Name: _____
 Address _____
 Address _____