



ENOTAH CIRCUIT PUBLIC DEFENDER SERVICES
ONLY COMPLETED APPLICATIONS CAN BE CONSIDERED
THERE IS A \$50.00 APPLICATION FEE

Below are instructions for completing your application for public defender services.

APPLICATION: INFORMATION YOU MUST PROVIDE:

* In order to process your application, YOU MUST PROVIDE:

1. Your SUPERIOR COURT CASE NUMBER; or
2. Your WARRANT NUMBER; and
3. Your CHARGE(S); and
4. Your DATE OF ARREST AND BONDOUT.

Some of this information will be on your bond or accusation paperwork. If you do not have this information you should go to the arresting law enforcement agency, clerk of court, or magistrate court and get a copy.

WE CANNOT PROCESS YOUR APPLICATION WITHOUT THE ABOVE INFORMATION !!!!!!!

QUALIFYING: An attorney, investigator or administrative assistant will review your application and perform the necessary background checks to qualify you for indigent defense services.

APPLICATION FEE: Georgia law requires every person who applies for legal services under Chapter 12 of Title 17 of the Official code of Georgia Annotated to pay Public Defender (the entity providing the services) a single fee of \$50.00 for the application for, receipt of, or application for and receipt of such services. [O.C.G.A. § 15-21A-6(b)]

PAYMENT OF APPLICATION FEE:

1. Application **REQUIRES** a \$50.00 application fee, payable by **Money Order Only**.

NO OTHER FORM OF PAYMENT WILL BE ACCEPTED.

2. Please **PRINT** name of person being charged and case number on the money order.
3. Please **MAKE** money order **PAYABLE to: GPDC (Georgia Public Defender Council)**
4. Please **GIVE** your completed money order to one of the following public defender offices:

White or Lumpkin County Charges MAIL TO:	Towns or Union County Charges MAIL TO:
Office of the Public Defender	Office of the Public Defender
59 South Main Street, Suite C	65 Courthouse Street, Suite 265
Cleveland, Georgia 30528	Blairsville, Georgia 30512
Phone: (706) 348-8577 Fax: (706) 348-8578	Phone: (706) 745-8156 Fax: (706) 745-8166
Office located in the White County Courthouse	Office located in the Union County Courthouse

5. Please **KEEP** the money order RECEIPT for your records.

SUBMITTING APPLICATION: Make sure before submitting your application:

- 1) ALL blanks on your application are filled in, application is initialed, application is signed.**
- 2) ENCLOSE proof of any household income (last (4) paystubs or last (2) years of income tax,**
- 3) ENCLOSE a copy of all bond paperwork or court notice with case/warrant number listed.**

SHORT FORM CONSENT TO CONFLICT/POTENTIAL CONFLICT OF INTEREST

Defendant: _____ County: _____

Charges: _____ Date: _____

THIS IS TO INFORM YOU THAT SOME ATTORNEY WITHIN THE ENOTAH JUDICIAL CIRCUIT PUBLIC DEFENDER OFFICE MAY NOW REPRESENT, OR MAY HAVE IN THE PAST REPRESENTED, THE FOLLOWING:

1)As a co-Defendant in one or more of the charges with which you are currently charged; 2) As a Defendant in another case unrelated to you and the current charge; 3) As a Defendant in another case related to you but unrelated to your current charge; 4) As a Defendant in another case unrelated to you but related to your current charge; 5) Some other matter.

→→ Name the person(s) you think **may be involved in your case** and identify each as a witness, victim, person arrested with you.

Name	Please circle what applies to the person you listed.	Name	Please circle what applies to the person you listed.
	Arrested with me / Victim / Witness / CI		Arrested with me / Victim / Witness / CI
	Arrested with me / Victim / Witness / CI		Arrested with me / Victim / Witness / CI
	Arrested with me / Victim / Witness / CI		Arrested with me / Victim / Witness / CI
Other:			

Simultaneous representation of parties with adverse interests by attorneys in the same law firm, involves a number of departures from professional norms, and should not be undertaken by any such party without careful consideration. In particular, you should be aware of the following:

- Under applicable rules of professional conduct, a law firm owes each of its clients a duty of loyalty, which would normally preclude any attorney within the firm from undertaking a representation adverse to any client of the firm without the affected client’s informed consent. Other rules generally prohibit a firm from undertaking any representation involving an actual or potential conflict of interest without the informed consent of all affected parties. Such a situation exists whenever a firm represents two clients simultaneously in a situation in which their interests are actually or potentially adverse.
- The conflict of interest, and the need for informed consent, exists no matter how cordial the relationship between the two parties currently is or is anticipated to be.
- This is in not a recommendation for simultaneous representation of adverse parties. It is recommended, that each party seek separate representation or at least consult with independent counsel before making the decision to have the Enotah Judicial Circuit Public Defender Office represent you in this matter.

Please note that in the event you choose not to sign this consent that does not mean you will not be assigned a public defender. It does mean that the public defender assigned to represent you may not be an attorney employed by the Enotah Judicial Circuit Public Defender Office.

ACKNOWLEDGMENT AND CONSENT

I have read or had read to me the above and foregoing CONSENT TO CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST, and despite any potential or actual conflict of interest which may exist now or in the future, I hereby consent to the Enotah Judicial Circuit Public Defender Office, either simultaneously, currently, or past, representation of me and all other affected parties with respect to the transaction as described above. I further agree that the Enotah Judicial Circuit Public Defender Office may withdraw its representation of me should it determine that continued representation of me may violate applicable rules of professional conduct.

I, **DO** Consent _____, Defendant. Date: _____

Staff Notes:



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

Enotah Judicial Circuit

Court my case is in: (circle one) Superior Juvenile City of Dahlonega		County my case is in: (circle one) Towns Union Lumpkin White		Application Date: / /
Case Number(s)		Charges:		
List any co-defendant(s) or Involved person(s) in your case(s):				
In Jail (NOW) YES / NO	Date Bonded: / /	Date of Arrest: / /	Date of Offense: / /	
Applicant Name : Last:		First:	Middle:	
Other Name(s): (aka; nicknames)				
Address:		City:	State:	Zip:
Telephone No(s): Home:()		Cell:()	Work:()	
Date of Birth: / /	Social Security Number: - -	Race:	Sex: M / F	
The person who can always reach you: Name:			Telephone :()	
Relationship:		Address		
If above applicant is a JUVENILE , complete remainder of the application using the PARENTS /GUARDIANS INFORMATION .				
EMPLOYMENT: Are you employed (This includes self-employment, part-time work, or "odd jobs) YES / NO				
If yes, employer name, address, telephone number:				
Job Title:		Length of Employment:	Hourly wage:	
If employed less than (1) year on your current job, state the name, date and income of your prior employment:				
If unemployed , state the name, date and income of your most recent employment:				
INCOME: Net income (total income, minus deductions required by law and child support payments deducted from paycheck) \$ week / two weeks / month / year				
If child support is not deducted from your pay check, state amount of court ordered child support paid: \$				
If incarcerated, do you have income while in jail? YES / NO Amount \$		Do you receive child support? YES /NO Amount \$		
Do you receive: (check <input checked="" type="checkbox"/>) <input type="checkbox"/> Military <input type="checkbox"/> VA <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Retirement benefits? YES / NO \$				
Are you disabled? YES / NO		If yes, what type of Disability:		Amount of Disability: \$ month
If you do not pay your own basic living expenses, state the name and relationship of the person who does.				
Does anyone else claim you as a dependent for tax purposes? YES / NO		If yes, who		
Marital Status: (check one <input checked="" type="checkbox"/>) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated - how long _____ <input type="checkbox"/> Living with the parent of my child(ren)				
Spouse's Name:		Is spouse employed? YES / NO	If YES, where?	
Spouse's income: \$ week / two weeks / month / year		Length of Employment:	Hourly wage:	
Ages of your child(ren) who live in the house with you:			List any other dependents:	
THINGS YOU OWN: (check <input checked="" type="checkbox"/>) <input type="checkbox"/> Cash <input type="checkbox"/> Checking Account(s) <input type="checkbox"/> Savings Account(s) <input type="checkbox"/> Retirement Account(s) <input type="checkbox"/> Inmate Account(s): \$				
Motor Vehicles: State: Year: Make: Model: Value \$ Amount Owed \$		Year: Make: Model: Value \$ Amount Owed \$		
Do you own a home or have a home financed? YES/NO Monthly payment: \$			Do you rent? YES/NO Rent paid: \$ per	
If you do not own or rent, explain where and how you live:				
Is any real estate titled in your name? YES / NO		Value:\$	Debt:\$	Equity:\$ Payment:\$
Other assets or property, other than usual and customary household furnishings. List and state value.				
PROBATION / PAROLE / PRE-TRIAL		Court Ordered monthly payments. \$		
UNUSUAL EXPENSES: Unusual expenses (other than basic living expenses). Specify type and amount.				

If you **DO NOT** desire the services of court appointed counsel, please sign and date.

Signature: _____ Date: _____

BOND INFORMATION: Total Bond Amount \$ _____ Who posted your bond? _____
Address/phone number for bondsperson: _____

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.**

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. 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.

NOTICE AND ACKNOWLEDGEMENT BY APPLICANTS CHARGED WITH VIOLATIONS OF V.G.C.S.A.

If I am given a public defender and I am currently a **Confidential Informant (CI)** for ANY LAW ENFORCEMENT AGENCY, I agree that I will immediately tell the Enotah Public Defender Office about being a CI so that they can assign me a new attorney who works outside their office.

I AM CURRENTLY A CONFIDENTIAL INFORMANT (CI) - YES or NO (Circle One)

If I am given a public defender, and sometime in the future I become a CI for ANY LAW ENFORCEMENT AGENCY, I agree that I will **immediately** tell the Enotah Public Defender Office about being a CI so that they can assign me a new attorney who works outside their office. I understand that no one at the Enotah Public Defender Office is advising or suggesting that I either do or do not become a confidential informant; that is my choice to make, and it may or may not help my case. If I become a CI, I understand that I will still be given an attorney to represent me, but my attorney will not be an employee of the Enotah Public Defender Office. **I AGREE AND ACKNOWLEDGE.** Applicant Initials _____

This application is for _____ number of case(s). I understand that I will be assessed an application fee and any applicable attorney fees for each case.

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant:
Printed Name:

Signature: _____ Date: / /

Assistance: The understated person provided assistance to the Defendant/Child with the completion of this form due to the defendant's inability to read and write. Name: _____ Phone: _____

Address: _____ Date: / /

COMPLETED BY PUBLIC DEFENDER STAFF ONLY

Interviewer: _____ Date: _____

