



MUNICIPAL COURT FOR THE CITY OF Cleveland
COUNTY OF White, STATE OF GEORGIA
85 South Main Street Cleveland, GA 30528
PHONE: (706) 865-0058 ~ FAX: (706) 219-3220

Application for Public Defender Packet

ALL INFORMATION LISTED IN THE REQUIRED DOCUMENTS SECTION OF THIS PACKET MUST PROVIDE. NO EXCEPTIONS!

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, or the Municipal Court Office and get a copy.

QUALIFYING: Your application will be reviewed and a necessary background check will be done to see if you qualify for Public Defender 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 or certified check**.
2. Please **PRINT** name of person being charged and case number on the money order or certified check.
3. Please **MAKE** money order or certified check **PAYABLE to: Cleveland Municipal Court**
4. Please **KEEP** the money order or certified check **RECEIPT** for your records.

SUBMITTING APPLICATION: Make sure before submitting your application:

- **ALL blanks on your application are filled in and application is signed and notarized.**
- **ATTACH all documentation listed in the Required Documents Section.**

CONSENT TO CONFLICT/POTENTIAL CONFLICT OF INTEREST FORM

Date Of Arrest: / / Date of Offense: / / (If Different From Date Of Arrest)

Court Case#: _____

Charge(s): _____

THIS IS TO INFORM YOU THAT SOME AN ATTORNEY WITHIN THE CLEVELAND MUNICIPAL COURT PUBLIC DEFENDER PROGRAM 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		Arrested with me / Victim / Witness
	Arrested with me / Victim / Witness		Arrested with me / Victim / Witness
	Arrested with me / Victim / Witness		Arrested with me / Victim / Witness
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:

1. 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.
2. 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.
3. 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 someone from the Cleveland Municipal Court Public Defender program 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 Cleveland Municipal Court Public Defender program.

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 Cleveland Municipal Court Public Defender program, 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 Cleveland Municipal Court Public Defender program 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: _____

Court Use Only - Notes:



APPLICATION FOR PUBLIC DEFENDER
MUNICIPAL COURT FOR THE CITY OF CLEVELAND

Court Use Only

Received By:
In Person By Mail
Date Received:
Time Received:
Payment Deferred:
Defendant Is Not Entitled
Notification Date:

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)

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Telephone No(s): Home: () Cell: () Work: ()

Date of Birth: / / Social Security Number: - - Sex: M / F

The person who can always reach you: Name: Telephone: ()

Relationship: Address:

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: \$

Do you receive child support? YES / NO Amount \$ If incarcerated, do you have income while in jail YES / NO Amount \$

Do you receive: (check) Military VA Social Security SSI TANF Food Stamps 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) Single Married Divorced Separated- how long 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) Cash Checking Account(s) Savings Account(s) Retirement Account(s) 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.

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. If you cannot afford the application fee, you may fill out the Request for Deferment sheet at the end of this packet and have it notarized.**

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 CLEVELAND MUNICIPAL COURT PUBLIC DEFENDER'S PROGREAM (CPD) REPRESENT ME, 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, and fraudulent documents in matters within jurisdiction of state or political subdivisions: 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.

This application is for _____ number of case(s) in the Cleveland Municipal Court. I understand that I may be assessed an application fee (\$50) 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.

Print Defendant's Name: _____

Defendant's Signature: _____ *Must sign in the presence of a Notary*

Assistance: The understated person assisted the Defendant with the completion of this form due to the defendant's inability to read and write.

Print Assistor's Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

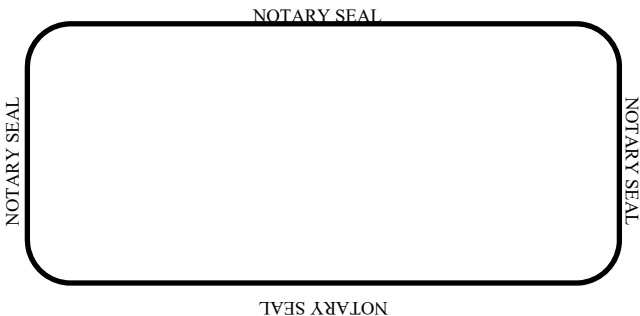
Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No(s): Home :() _____ Cell :() _____ Work :() _____

Assistor's Signature: _____ *Must sign in the presence of a Notary*

Sworn to and subscribed before me this the _____ day of _____, 20_____

Notary Public Signature





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REQUIRED DOCUMENTS/DOCUMENTATION

ALL INFORMATION IS REQUIRED AND MANDATORY. NO EXCEPTIONS!

To determine if you qualify for the services of a Public Defender you are required to provide all of the information listed below along with your application. Some of the required information will be on your citation or bond paperwork. If you do not have this information you should contact, the Municipal Court Office to request a copy. Any information given to the Court will become a part of the Court file no paperwork will be returned to you please make copies before bringing the documentation to the Court for consideration.

1. Attach copies of ALL COURT PAPERWORK pertaining to your charges.

2. INCOME VERIFICATION – YOU MUST PROVIDE VERIFICATION FOR YOURSELF, SPOUSE OR SIGNIFICANT OTHER.
 - If you are EMPLOYED you must provide the most recent two paystubs from your employer.
 - If you are SELF-EMPLOYED, bring in copies of your tax returns from the past two years.
 - If you are paid in CASH, you will have to have your employer provide a notarized letter stating their name, address, telephone number and state the amount of money they have paid you in the last two weeks.
 - If you are DISABLED due to a medical or other condition and are unable to work at the present time you must provide your award letter from Social Security
 - If you are receiving SOCIAL SECURITY DISABILITY, VA DISABILITY OR SSI you must provide proof of how much you receive each month in the form of a copy of the check or a copy of your awards letter.
 - If you pay or receive CHILD SUPPORT, you must provide proof of the amount you either pay or receive and to whom you pay or receive it.
 - A WG15 form from the Georgia Department of Labor.

You must also show any other income from any other source such as food stamps, WIC, inheritance, lottery, stocks, bonds, and annuities, student loans or financial aid, rental income, etc.

3. If you have a checking and/or savings account, you must provide statements for the last two months.
 - If you live together as a couple and have separate accounts, copies of both must be provided

4. Living situation
 - If you are BUYING YOUR HOME, you must provide a copy of your mortgage or closing statement showing the original loan amount and how much you presently owe, along with your monthly payments.

- If you are **RENTING** your home or apartment, you will need to provide a copy of your **LEASE** or a **NOTARIZED LETTER** from your property owner stating the amount of your rent. If utilities are included, it must state that also.
 - If you are **LIVING AT THE HOME OF A FRIEND OR A RELATIVE**, you will need to bring a **NOTARIZED LETTER** from them stating their name, address, phone number stating that they are providing your complete and total support at this time. If you pay rent, include the amount of rent you pay each month in the notarized letter.
5. **MONTHLY BILLS AND EXPENSES:** You will need to bring **ALL OF THE BILLS YOU HAVE PAID FOR THE PAST TWO MONTHS**
- These bills might include utilities such as power, water, gas, trash, car payment, insurance, loans, credit cards, hospital bills, and any other bills that you pay monthly.
 - If you pay **CHILDCARE** you must provide proof of the amount you pay, to whom you pay and their contact information.
6. **Note:** There is a **\$50.00 application fee** that you will need to pay in the form of a money order or certified check, made payable to “Cleveland Municipal Court.” If you cannot afford the application fee, you may fill out the **Request for Deferment** sheet at the end of this packet and have it notarized.

If you have questions, call the Cleveland Municipal Court Office at the number listed at the top of the first page.

All applications must be turned in before your court date. If the application is not received, in time before your court date, you will still need to appear for your court date and then at that time the Judge and Prosecuting Attorney will determine if a continuance needs to be granted.

If you do not provide all the information, your application will be denied and you will need to complete the process from the beginning.



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Date Of Arrest: ___ / ___ / ___ Date of Offense: ___ / ___ / ___ (If Different From Date Of Arrest)

Court Case#: _____

Charge(s): _____

REQUEST FOR DEFERMENT OF APPLICATION FEE

COMES NOW, (Print Affiant's Name) _____, WHOM ON OATH DOES HEREBY STATE THE FOLLOWING:

1. I am an indigent person entitled to legal representation in this case.
2. Pursuant to O.C.G.A. 15-21A-6(c), I respectfully request a deferment of the application fee for legal representation because I am unable to pay the application fee of fifty dollars (\$50) or because financial hardship will result if the fee is charged. The reason I am unable to pay is:

WHEREFORE, the Affiant prays that this court issue an order deferring the fifty (\$50) application fee set forth in O.C.G.A. 15-21A-6(c).

Affiant's Signature

Verification

The undersigned swears that the information given herein is true and correct and understands that a false answer to any item may result in a charge of false swearing punishable by fine of not more than \$1,000.00 or by imprisonment for not less than nor more than five years, or both.

Affiant's Signature

Must sign in the presence of a Notary

Sworn to and subscribed before me this the ___ day of ___, 20___

Notary Public Signature

NOTARY SEAL

