

# APPLICATION FOR COURT APPOINTED ATTORNEY

## Cobb County Circuit Defender

10 East Park Square, Suite 350, Bldg. C, Marietta, GA 30090

Office: 770-528-1950 / Fax: 770-528-1949

Email: [defender@cobbcounty.org](mailto:defender@cobbcounty.org)

SOID: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Arrest: \_\_\_\_/\_\_\_\_/\_\_\_\_

In Custody: YES NO Court: \_\_\_\_\_ County: \_\_\_\_\_ Court Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WARRANT/CASE NO(S): \_\_\_\_\_

CHARGES: \_\_\_\_\_

CO-DEFENDANTS: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

OTHER NAME(S)/ALIAS: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Education Level: \_\_\_\_\_

The person who can always reach you: Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

EMPLOYMENT: Are you employed (including self-employment, part-time work, or "odd jobs") Yes No

If yes, employer name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

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Net take home pay is (gross pay minus state, federal and social security taxes):

\$ \_\_\_\_\_ (weekly) \$ \_\_\_\_\_ (bi-weekly) \$ \_\_\_\_\_ (bi-monthly) \$ \_\_\_\_\_ (monthly)

If unemployed, how long: \_\_\_\_\_ If you are receiving unemployment how much: \$ \_\_\_\_\_ (weekly)

MARITAL STATUS: Single Divorced Separated Married Widowed Living with the parent of your children

Spouse Name: \_\_\_\_\_ Employed: Yes No

If yes, employer name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

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\$ \_\_\_\_\_ (weekly) \$ \_\_\_\_\_ (bi-weekly) \$ \_\_\_\_\_ (bi-monthly) \$ \_\_\_\_\_ (monthly)

If unemployed, how long: \_\_\_\_\_ If you are receiving unemployment how much: \$ \_\_\_\_\_ (weekly)

Number of your children living in home: \_\_\_\_\_ Ages: \_\_\_\_\_

List any other dependents in home, names relationship, amount contributed to their support: \_\_\_\_\_

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

OTHER INFORMATION:

List checking, savings, IRA and or retirement accounts:

Defendant: Bank Account With \_\_\_\_\_ checking savings Account Amount \$ \_\_\_\_\_

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Spouse: Bank Account With \_\_\_\_\_ checking savings Account Amount \$ \_\_\_\_\_

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OTHER INCOME:

Child Support: Court Ordered, Not Court Ordered (Defendant): \$ \_\_\_\_\_ (monthly)

and/or (Spouse): \$ \_\_\_\_\_ (monthly)

Workers Compensation (Defendant) \$ \_\_\_\_\_ and/ or (Spouse) \$ \_\_\_\_\_

Do you receive: \$ \_\_\_\_\_ Military Retirement, \$ \_\_\_\_\_ VA Disability, \$ \_\_\_\_\_ Social Security,

\$ \_\_\_\_\_ SSI Disability, \$ \_\_\_\_\_ TANF, \$ \_\_\_\_\_ FSTA, and/or \_\_\_\_\_ Retirement

Does your spouse receive monthly: \$ \_\_\_\_\_ Military Retirement, \$ \_\_\_\_\_ VA Disability, \$ \_\_\_\_\_ Social Security?

\$ \_\_\_\_\_ SSI Disability, \$ \_\_\_\_\_ TANF, \$ \_\_\_\_\_ FSTA, and/or \$ \_\_\_\_\_ Retirement

Other income you may receive from any source: \_\_\_\_\_ \$ \_\_\_\_\_ weekly biweekly monthly

Other assets or property, other than usual and customary household furnishings. List and state est. value.

EXPENSES:

If child support not deducted from check, state amount of child support (obligation): \$ \_\_\_\_\_ weekly biweekly monthly

Do you own a motor vehicle?: Yes No Year and Model: \_\_\_\_\_ How much do you owe on it:

\$ \_\_\_\_\_ Do you rent or own home : \$ \_\_\_\_\_ monthly payment. If you own home: Value \$ \_\_\_\_\_

Owed \$ \_\_\_\_\_ Probation: \_\_\_\_\_

County or City \_\_\_\_\_ State \_\_\_\_\_ \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ Total Owed

County or City \_\_\_\_\_ State \_\_\_\_\_ \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ Total Owed

If not deducted from your check, list items that you are in debt with:

\_\_\_\_\_ payment \$ \_\_\_\_\_ weekly or \$ \_\_\_\_\_ monthly

\_\_\_\_\_ payment \$ \_\_\_\_\_ weekly or \$ \_\_\_\_\_ monthly

If you are in College: Name \_\_\_\_\_

List type of financial aid you receive or received?

\_\_\_\_\_ \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semesterly  
\_\_\_\_\_ \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semesterly  
\_\_\_\_\_ \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semesterly

Out on Bond: OR      PROPERTY      CASH      BONDSMAN      Bond Amount Payed: \_\_\_\_\_

Who posted your bond? \_\_\_\_\_

Address / phone number for bondsperson: \_\_\_\_\_

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 DEFENDER'S OFFICE (CD) 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 CD. I HEREBY AUTHORIZE ANY PERSON OR AGENCY REQUESTED BY THE CD OR ANY OF ITS EMPLOYEES TO RELEASE TO THE CD 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: charge code 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 entry, in any matter with 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 \_\_\_\_\_ case(s). I understand that I could be assessed for 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.

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Calculations: \_\_\_\_\_

Denied: No Documentation: \_\_\_\_\_ Income / Calculations: \_\_\_\_\_