

# City of Walthourville Municipal Court

Chief Judge  
Honorable Robert F. Pirkle

Post Office Box K  
192-B Talmadge Road  
Walthourville, Georgia 31333  
ALWAYS MOVING WHILE IMPROVING

Phone: (912) 368-6525  
Facsimile: (912) 368-6511

## APPLICATION FOR PUBLIC DEFENDER SERVICES IN THE MUNICIPAL COURT OF LIBERTY COUNTY STATE OF GEORGIA

COURT DATE \_\_\_\_\_, Defendant

STATE vs. \_\_\_\_\_  
Codefendants: \_\_\_\_\_  
Case Number(s): \_\_\_\_\_  
CHARGES(S): \_\_\_\_\_

Date of Arrest \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Arrest \_\_\_\_\_ : \_\_\_\_\_ AM/PM

DEFENDANT  
\_\_\_\_\_  
(Last) (First) (Middle)  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name of person through whom you can always be contacted: \_\_\_\_\_  
Their Address \_\_\_\_\_  
Their Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### YOUR INFORMATION

Sex  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Do you speak English? ( ) Yes ( ) No  
Are you a U. S. Citizen ( ) Yes ( ) No Race \_\_\_\_\_

### IMMIGRATION STATUS

( ) Undocumented ( ) Legal Permanent Resident \*(Green Card Holder)  
( ) Visa Holder ( ) Work Permit \* Holder ( ) Amnesty Applicant  
( ) Other - Describe \_\_\_\_\_  
Citizen Status \_\_\_\_\_

Date of Contact \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Contact \_\_\_\_\_ : \_\_\_\_\_ AM/PM Initials \_\_\_\_\_  
JCATS # \_\_\_\_\_ Date \_\_\_\_\_ Attorney \_\_\_\_\_

Marital Status ( ) Single ( ) Married ( ) Divorced ( ) Separated

Spouse's Name \_\_\_\_\_

Number of Dependents that you currently support \_\_\_\_\_

I Pay \$ \_\_\_\_\_, receive \$ \_\_\_\_\_ in court ordered Child Support payments, per ( ) week ( ) month.

State the age and sex of each child for which you pay child support or are in the home with you:

Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____

Prior Military Service Branch \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

Education (Highest grade completed) \_\_\_\_\_

Other Training \_\_\_\_\_

Are you disabled ( ) No ( ) Yes, Type of Disability \_\_\_\_\_

Employed ( ) No ( ) Yes, Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Job Title/Rank \_\_\_\_\_

Length of Employment \_\_\_\_\_

### INCOME & ASSETS

Income: Net income (total salary and wages, minus deductions required by law, including court ordered child support payment)

\$ \_\_\_\_\_ per week \$ \_\_\_\_\_ bi weekly \$ \_\_\_\_\_ per month \$ \_\_\_\_\_ per year

Spouse's Earnings:

\$ \_\_\_\_\_ per week \$ \_\_\_\_\_ bi weekly \$ \_\_\_\_\_ per month \$ \_\_\_\_\_ per year

Other Benefits:

\$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Veterans' Benefits

\$ \_\_\_\_\_ Worker's Compensation \$ \_\_\_\_\_ Other

Things I Own:

\$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Savings Account(s) \$ \_\_\_\_\_ Bank Account(s)

\$ \_\_\_\_\_ Jewelry \$ \_\_\_\_\_ Stocks & Bonds \$ \_\_\_\_\_ Certificates of Deposit

\$ \_\_\_\_\_ Equity in Real Estate \$ \_\_\_\_\_ Equity in other Tangible Property

Equity in Motor Vehicle(s)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_

I am \_\_\_\_\_ in jail \_\_\_\_\_ out on bond. Total Bond Amount \$ \_\_\_\_\_

Who posted your Bond? Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I receive AFDC ( ) Yes ( ) No I receive Supplemental Security Income (SSI) ( ) Yes ( ) No

State any other source of income or additional assets not specifically requested above:

\_\_\_\_\_  
\_\_\_\_\_

BY MY SIGNATURE BELOW, I SWEAR UNDER THE 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 REPRESENT ME, OR THE MINOR CHILD OR TAX-DEPENDANT 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 CIRCUIT DEFENDER OFFICE OR TO THE COURT.

*(If the Defendant/child is unable to read, write or understand English, the person assisting in the completion of this document must complete the "Assistance" section below.)*

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

Name (Print): \_\_\_\_\_

Signature of Defendant: \_\_\_\_\_

ASSISTANCE

The understated person provided assistance to the Defendant/child with the completion of this form due to their inability to read and write.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**For Office use Only**

I hereby find the above-named defendant qualifies for services of the Atlantic Judicial Circuit Public Defender Office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACPD employee

{OR}

I hereby find the above-named defendant does not qualify for services of the Atlantic Judicial Circuit Public Defender Office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACPD employee

The attorney assigned is: \_\_\_\_\_