

**APPLICATION FOR PUBLIC DEFENDER SERVICES**  
IN THE SUPERIOR COURT OF TROUP COUNTY,  
STATE OF GEORGIA

STATE V. \_\_\_\_\_

Charge(s): \_\_\_\_\_ Defendant/Child  
Case No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Arrest \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Telephone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

The Person Through Whom you can always be contacted: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Do You Speak English? ( ) Yes ( ) No Are you a U.S. Citizen? ( ) Yes ( ) No

**Immigration Status:**

( ) Undocumented ( ) Visa Holder ( ) Legal Permanent Resident\* (Green Card Holder)

( ) Work Permit\* Holder ( ) Amnesty Applicant

( ) Other- Describe \_\_\_\_\_

Citizenship Status \_\_\_\_\_

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

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

No. 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

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

**Prior Military Service:**

Branch: \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

Education: Highest Grade completed: \_\_\_\_\_ Other Training \_\_\_\_\_

Are you Disabled? ( ) Yes ( ) No Type of Disability \_\_\_\_\_

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

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

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