

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 _____