Georgia Public Defender Standards Council
Conflict Case Appointment Request and Application for Vendor Number

Name:	Tax ID Number (Federal or SSN):
Address:	
City: State: Zip Code:	
Telephone Number:	Fax Number:
Email Address:	
Georgia Bar Membership Date: / /	
Georgia Bar Number:	
Number of Years Experience in Criminal Litigation:	
I am willing to accept conflict case appointments in the following Judicial Circuits:	
I am willing to represent clients charged with: (Circle your response) a) Felony Offenses b) Juvenile Offenses c) Misdemeanor Offenses	
I understand that upon the undertaking of the representation of conflict cases, I agree that all clients to whom I am appointed will be contacted within 72 hours of appointment. I further agree to keep records reflecting the time that I have spent representing each client in the format required by GPDSC and will bill in increments of 1/10 of an hour charging $45 an hour for out-of-court representation and $60 an hour for in-court representation. In-court waiting time will be billed at the in-court rate of $60 an hour but will be subject to a 1 hour limitation on each case, up to 3 hours for 3 or more cases on the same calendar. Signature:_____	
If you wish, you may elect to have payment made to your bank electronically, by EFT. If you wish to do this, please attach a voided check to this application. You can expect to receive payment in thirty days unless you elect the EFT payment option. Yes, I would like electronic payment. No, I do not want electronic payment.	