



Georgia Public Defender Standards Council

Death Penalty Conflict Case Appointment

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 understand that upon undertaking representation of death penalty conflict cases, I am in compliance with the provisions of the Supreme Court of Georgia's – Unified Appeal proceedings. 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. I also acknowledge that I am a member in good standing with the State Bar of Georgia.		
Signature: _____		
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.		
<input type="checkbox"/> Yes, I would like electronic payment.		
<input type="checkbox"/> No, I do not want electronic payment.		
For Office Use Only: Verify Standing: _____ Date: _____		