## IN THE CIRCUIT/COUNTY COURT OF THE JUDICIAL CIRCUIT IN AND FOR COUNTY, FLORIDA

**STATE OF FLORIDA vs. CASE NO.**

**«name»**

**Defendant/Minor Child**

**APPLICATION FOR CRIMINAL INDIGENT STATUS**

I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER

\_\_\_\_

OR

I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

\_\_\_\_

**Notice to Applicant:** The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a $50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

1. **I have dependents.** *(Do not include children not living at home and do not include a working spouse or yourself.)*



( )

## I have a take home income of $

paid ( ) weekly

bi-weekly ( ) semi-monthly ( ) monthly ( ) yearly

*(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments,* ***minus*** *deductions required by law and other court-ordered support payments)*

1. **I have other income** paid ( ) weekly ( ) bi-weekly ( ) semi-monthly ( ) monthly ( ) yearly**:** *(Circle “Yes” and fill in the amount if you have this kind of income, otherwise circle “No”)*

Social Security benefits…………………….. Yes $ Unemployment compensation…………….. Yes $ Union Funds…………………………………. Yes $ Workers compensation…………………….. Yes $ Retirement/pensions………………..……… Yes $ Trusts or gifts……………………………....... Yes $

No Veterans’ benefit……………………….... Yes $ No No Child support or other regular support

No from family members/spouse……… Yes $ No No Rental income…………………………… Yes $ No No Dividends or interest…………………….. Yes $ No No Other kinds of income not on the list……Yes $\_ No

1. **I have other assets:** *(Circle “Yes” and fill in the value of the property, otherwise circle “No.” Use the back of this form to provide additional information.)*

Cash…………………………………………. Yes $ Bank account(s)…………………………….. Yes $

No Savings………………………………………… Yes $ No No Stocks/bonds………………………………….. Yes $ No

Certificates of deposit or \*Equity in Real estate (excluding homestead) Yes $ No

money market accounts…………….. Yes $ No \**Equity means value minus loans. Also list*

\*Equity in Motor Vehicles/Boats/ *any expectancy in an interest in such property.*

Other tangible property……………… Yes $ No *List the address of this property*:

*List the year/make/model and tag #*:

## I have a total amount of liabilities and debts in the amount of $ ,

1. **I receive:** *(Circle “Yes” or “No”)*

Address City, State, Zip County of Residence

Temporary Assistance for Needy Families-Cash Assistance…………………………………………………………………………………..………….….

Poverty-related veterans’ benefits….……………………………………………………………………………………………………………………..…….. Supplemental Security Income (SSI)………………………………………………………………………………………………………………………….….

1. **I have been released on bail in the amount of $** . **Cash** \_ **Surety Posted by**: Self Family \_ Other

\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

\_\_

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S., commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S., or s. 775.083, F.S. **I attest that the information I have provided on this Application is true and accurate to the best of my knowledge.**

Signed this day of , 20 .

Date of Birth Driver’s license or ID number

Signature of Applicant for Indigent Status

Print Full Legal Name Address

City, State, Zip

Phone number

**CLERK’S DETERMINATION**

**\_** Based on the information in this Application, I have determined the applicant to be ( ) Indigent Not Indigent

**\_\_\_\_**



( )

\_ \_The Public Defender is hereby appointed to the case listed above until relieved by the Court.

\_\_\_\_\_

Dated this day of , 20 .

Clerk of the Circuit Court

This form was completed with the assistance of Clerk/Deputy Clerk/Other authorized person

**APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to**

**review the clerk’s decision of not indigent.**

**06/18/10**