

**IN THE CIRCUIT/COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR ORANGE COUNTY, FLORIDA**

STATE OF FLORIDA,

vs.

Kelli Lynch
Defendant/Minor Child.

Case #: 2022-C-F-000688-A-0**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 INDIGENT 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 who 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 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/legal guardian making this application on behalf of a minor or tax dependent adult, the information contained in this application must include your income and assets.

1. I have 0 dependents. (Do not include children not living at home and do not include a working spouse or yourself.)

2. I have a take home income of \$ 0 paid () weekly () every two weeks () 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.)

3. I have other income paid () weekly () every two weeks () 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 \$ <u>0</u>	No <u>(X)</u>	Veterans' benefits.....	Yes \$ <u>0</u>	No <u>(X)</u>
Unemployment compensation.....	Yes \$ <u>0</u>	No <u>(X)</u>	Child support or other regular support	Yes \$ <u>0</u>	No <u>(X)</u>
Union Funds.....	Yes \$ <u>0</u>	No <u>(X)</u>	from family members/spouse.....	Yes \$ <u>0</u>	No <u>(X)</u>
Workers Compensation.....	Yes \$ <u>0</u>	No <u>(X)</u>	Rental income.....	Yes \$ <u>0</u>	No <u>(X)</u>
Retirement/pensions.....	Yes \$ <u>0</u>	No <u>(X)</u>	Dividends or interest.....	Yes \$ <u>0</u>	No <u>(X)</u>
Trusts/gifts.....	Yes \$ <u>0</u>	No <u>(X)</u>	Other kinds of income not on the list.....	Yes \$ <u>0</u>	No <u>(X)</u>

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No"; use the back to provide additional information)

Cash.....	Yes \$ <u>0</u>	No <u>(X)</u>	Savings.....	Yes \$ <u>0</u>	No <u>(X)</u>
Bank account(s).....	Yes \$ <u>0</u>	No <u>(X)</u>	Stocks/bonds.....	Yes \$ <u>0</u>	No <u>(X)</u>
Certificates of deposit or			*Equity in real estate (excluding homestead).....	Yes \$ <u>0</u>	No <u>(X)</u>
money market accounts.....	Yes \$ <u>0</u>	No <u>(X)</u>			
*Equity in motor vehicles/boats/	Yes \$ <u>0</u>	No <u>(X)</u>			
other tangible property					

List the year/make/model & tag # _____

List the Address of this property.

Address: _____

City, State, Zip: _____

County of Residence: _____

5. I have total liabilities and debts in the amount of \$ _____.

6. I receive: (Circle "Yes" or "No")

Temporary Assistance for Needy Families - Cash Assistance.....	Yes <u>(X)</u>	No <u>(X)</u>
Poverty-related Veterans' Benefits.....	Yes <u>(X)</u>	No <u>(X)</u>
Supplemental Security Income (SSI).....	Yes <u>(X)</u>	No <u>(X)</u>

7. I have been released on bail in the amount of \$ 0. Cash 0 Surety 0 Posted by: Self 0 Family 0 Other 0

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under section 27.52, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in the section 775.082, Florida Statutes, or section 775.083, Florida Statutes. I attest that the information I have provided on this application is true and accurate.

Signed on _____

5/20/19
Date of Birth

6800
Last 4 digits of Driver's License or ID Number

Signature of Applicant for Indigent Status

Print Full Legal Name Kelli Renee Lynch

Phone Number: 321-666-1730

Address, City, State, Zip Code _____

CLERK'S DETERMINATION

☒ Based on the information in this Application, I have determined the applicant to be () indigent () Not indigent.

☒ The Public Defender is appointed to the case listed above until relieved by the Court.

Dated: 10-16-2023

Clerk of the Circuit Court by James J. S.

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person James J. S.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____