

STATE OF FLORIDA vs.

CASE NO. \_\_\_\_\_

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 \$40.00 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.)
- 2. 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.)

3. 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 \$ _____	No	Veterans' benefit	Yes \$ _____	No
Unemployment compensation	Yes \$ _____	No	Child support or other regular support		
Union Funds	Yes \$ _____	No	from family members/spouse	Yes \$ _____	No
Workers compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Trusts or gifts	Yes \$ _____	No	Other kinds of income not on the list	Yes \$ _____	No

4. I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$ _____	No	Savings	Yes \$ _____	No
Bank account(s)	Yes \$ _____	No	Stocks/bonds	Yes \$ _____	No
Certificates of deposit or			*Equity in Real estate (excluding homestead)	Yes \$ _____	No
money market accounts	Yes \$ _____	No	*include expectancy of an interest in such property		
"Equity in Motor vehicles/Boats/	Yes \$ _____	No			
Other tangible property					

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

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

Temporary Assistance for Needy Families-Cash Assistance	Yes	No
Poverty-related veterans' benefits	Yes	No
Supplemental Security Income (SSI)	Yes	No

7. 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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Drivers License or ID Number

\_\_\_\_\_  
Address, P.O. Address, Street, City, State, Zip Code

\_\_\_\_\_  
Phone Number:

NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review at your next scheduled court appearance.

**CLERK'S DETERMINATION**

\_\_\_\_ Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent pursuant to s. 27.52, F.S.

\_\_\_\_ 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.