

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

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information provided on this application is true and accurate.

Signed on

Year of Birth

Last four digits of Driver's License or ID Number

Signature of applicant for indigent status

Print full legal name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

E-mail Address: _____

Notice to Applicant: There is a \$50.00 fee for each application filed. The public defender/court appointed lawyer and costs/due process services are not free and a lien may be imposed on all property you own. 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 take home pay of \$ _____ paid weekly bi-weekly semi-monthly monthly yearly Include cash payments. Take home pay (net income) is total salary and wages, minus deductions required by law, including court-ordered support payments
3. I have other income paid weekly bi-weekly semi-monthly monthly yearly: (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No.")

Social Security benefits..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Workers compensation..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Unemployment compensation..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Regular support from absent family members..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Union payments <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Rental income..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Retirement/pensions <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Dividends or interest <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Trusts or gifts <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Other kinds of income not on the list <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Veterans' benefit..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	

4. I have other assets: (Check "yes" and fill in the value of the property, otherwise check "No")
- | | |
|---|--|
| Cash <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Bank/Savings account(s)..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| *Car/Motor Vehicle..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Stocks/bonds/Certificates of Deposit.. <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Money market accounts <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | *Homestead real estate <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| *Boats/other tangible property..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | *Non-homestead real estate <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
- *show loans on these assets in paragraph 5

Check one: I DO DO NOT expect to receive more assets in the near future. The asset and value is _____.

5. I have total liabilities and debts in the amount of \$ _____. I have loan balances on assets in paragraph 4:
Car/Motor Vehicle \$ _____; Homestead \$ _____; Non-homestead real estate \$ _____;
Boat \$ _____; Other tangible property (identify here) _____ and loan balance \$ _____.

6. I receive: (Check all applicable payments received*)
 Temporary Assistance for Needy Families- Cash Assistance Supplemental Security Income (SSI)
 Poverty-related veterans' benefits

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

CLERK 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, by Deputy Clerk

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: _____