

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 \$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.)

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 from		
Union funds .....	Yes \$ _____	No	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 homestead real estate .....	Yes \$ _____	No
money market accounts .....	Yes \$ _____	No	*Equity in non-homestead real estate .....	Yes \$ _____	No
*Equity in motor vehicles .....	Yes \$ _____	No	*include expectancy of an interest in such property		
*Equity in boats/other tangible property .....	Yes \$ _____	No			

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.

\_\_\_\_\_  
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: \_\_\_\_\_

**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

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. \_\_\_\_\_