	IN THE CIRCUIT/COUNT	T COURT OF THE _	COUNTY, FLORIDA	ICIAL CIRCUIT	
STATE OF FLORIDA	VS.		CASE NO		
Defendant/Minor Child	ADDI IC	ATION EOD ODI	MINIAL INDICENT STATUS		
			MINAL INDIGENT STATUS		
	APPOINTMENT OF THE PUBLIC		OR		
	ATTORNEY OR AM SELF-REPRE				
against all real or personal application. There is a \$50. may be assessed against y	provision of a public defender/cour property you own to pay for legal .00 fee for each application filed. If you at the conclusion of this case. is application must include your inc	and other services the application fee If you are a parent/	provided on your behalf or on behals not paid to the Clerk of the Co	nalf of the person for whom you a urt within 7 days, it will be added	re making this to any costs the
. I havedepend	ents. (Do not include children no	ot living at home a	nd do not include a working spo	ouse or yourself.)	
(Take home income equother court ordered supp		missions, allowance	s, overtime, tips and similar payn	nents, minus deductions required	
B. I have other income pa otherwise circle "No.")	aid (_)weekly (_)bi-weekly (_)semi-	monthly (_)monthly	(_)yearly: (Circle "Yes" and fill in	the amount if you have this kind	of income,
Social Security benefits	Yes \$	No			No
Inemployment compense	ationYes \$ Yes \$	No	Child support or other regular	support from Yes \$	Al-
Vorkers compensation	Yes \$	No		Yes \$	No No
	Yes \$		Dividends or interest	Yes \$	No
rusts or gifts	Yes \$	No		the listYes \$	
I have other assets:	(Circle "yes" and fill in the value	of the property, otl	nerwise circle "No")		
ash	Yes \$	No	Savings	Yes \$	No
	Yes \$	No		Yes \$	
ertificates of deposit or				tateYes \$	
money market accour	ntsYes \$	No	*Equity in non-homestead re	al estateYes \$	No
	Yes \$gible propertyYes \$		*include expectancy of an inf	terest in such property	
5 I have a total amount	of liabilities and debts in the	amount of \$			
6. I receive: (Circle "Yes		aποαπτοι ψ	,•		
Temporary Assistance for Needy Families- Cash Assistance		os No		erans' benefitsYe ncome (SSI)Ye	
			-		5 110
	on bail in the amount of \$				C commite o
misdemeanor of the first of Application is true and a	provides false information to the degree, punishable as provided i accurate.	n s. 775.082, F.S.	or s. 775.083, F.S. I attest tha	t the information I have provi	ded on this
Signed on		Sig	nature of applicant for indigent	status	
		Pri	nt full legal name:		
Year of Birth		Add	lress:		
		City	, State, Zip:		
Last four digits of Driver's License or ID Number		Pho	one number:		
		E-n	nail Address:		
	ormation in this Application, I hav	CLERK D	ETERMINATION applicant to be () Indigent (_) Not Indigent	
The Public Defen	der is hereby appointed to the c	ase listed above u	ntil relieved by the Court.		
Dated thisday of	• • •		<u>-</u>		
,			Clerk of the Circuit Court, by	Deputy Clerk	=
This form was completed	with the assistance of:				
			Clerk/Deputy Clerk/Other aut	•	
APPLICANTS FOUND N decision of not indigent.	OT INDIGENT MAY SEEK REV	IEW BY ASKING	FOR A HEARING TIME. Sign	nere if you want the judge to rev	iew the clerk's