IN THE CIRCUIT/COUNTY COURT OF THE SEVENTH JUDICIAL CIRCUIT IN AND FOR FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA 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 (_)semi-monthly (_)monthly (_)yearly: (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No.") Social Security benefitsYes \$_____No Veterans' benefit......Yes \$_____No Unemployment compensationYes \$_____No Child support or other regular support from family members/spouse......Yes \$____ Union funds......Yes \$_____No Rental income......Yes \$_____No Workers compensationYes \$_____No Retirement/pensions......Yes \$_____No
Trusts or gifts.....Yes \$_____No Dividends or interest......Yes \$_____ 4 I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No") CashYes \$_____No SavingsYes \$___ Stocks/bondsYes \$_____ Certificates of deposit or *Equity in homestead real estateYes \$_____ money market accountsYes \$_____No *Equity in non-homestead real estateYes \$___ *Equity in motor vehiclesYes \$_____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-Poverty- related veterans' benefits Yes Cash AssistanceYes No Supplemental Security Income (SSI)Yes 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. Signature of applicant for indigent status Signed on Print full legal name: Year of Birth Address: City, State, Zip: Last four digits of Driver's License or ID Number 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.