

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 \_\_\_\_\_

Signature of applicant for indigent status \_\_\_\_\_

Year of Birth \_\_\_\_\_

Print full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Last four digits of Driver's License or ID Number \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is the above address different from the address reflected on your court notice? Yes or No

**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. My take home pay is \$ \_\_\_\_\_ paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_  
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.

- 3. I have other income paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_  
(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..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Other income not on the list..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Veterans' benefits..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 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..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Car/Motor vehicle*..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Stocks/bonds/cert. 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
	Other assets*..... <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

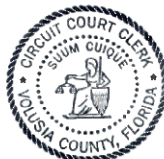
- 7. I have been released on bail in the amount of \$ \_\_\_\_\_.  Cash  Surety Posted by:  Self  Family  Other

**CLERK DETERMINATION**

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

\_\_\_\_\_ The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated on \_\_\_\_\_, 20 \_\_\_\_\_.



**LAURA E. ROTH**  
Clerk of the Circuit Court

\_\_\_\_\_  
Deputy Clerk

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.

Sign here if you want the judge to review the clerk's decision \_\_\_\_\_