

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

STATE OF FLORIDA vs.

CASE NO: _____

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: _____
Phone number: _____
E-mail Address: _____
Last four digits of Driver's License or ID Number _____

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 _____
Union payments _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	absent family members _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Retirement/pensions _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Rental income _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Trusts _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Dividends or interest _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Veterans' benefits _____ <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Other income not on the list _____ <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 _____ Yes \$ _____ No Bank/Savings account _____ Yes \$ _____ No
Car/Motor vehicle* _____ Yes \$ _____ No Stocks/bonds/cert. of deposit _____ Yes \$ _____ No
Money market accounts _____ Yes \$ _____ No Homestead real estate _____ Yes \$ _____ No
Boats/other tangible property _____ Yes \$ _____ No Non-homestead real estate _____ Yes \$ _____ No
show loans on these assets in paragraph 5 Other assets _____ Yes \$ _____ No

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 on _____, 20 _____. _____
Deputy Clerk for _____, Clerk of Courts

APPLICANTS FOUND NOT TO BE 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 _____