

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

STATE OF FLORIDA

CASE NO: _____

vs.

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/money market accts.	Yes \$ _____	No	*Equity in real estate (excluding		
*Equity in motor vehicles	Yes \$ _____	No	homestead)	Yes \$ _____	No
*Equity in boats/other tangible property	Yes \$ _____	No	*include expectancy of an interest in such property		

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 section 27.52, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082, Florida Statutes or section 775.083, Florida Statutes. I attest that the information I have provided on this Application is true and accurate. Signed this _____ day of _____, 20_____.

Date of Birth _____

Last 4 Digits of Driver's License or ID _____

Signature of Applicant for Indigent Status

Print full legal name _____

Address _____

City, State, Zip _____

Phone number _____

CLERK'S 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 (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. _____