

IN THE CIRCUIT / COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON COUNTY, FLORIDA

STATE OF FLORIDA,

vs.

Case #: _____

Defendant/Minor Child.

SPN: _____

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 INDIGENT 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 who 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 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/legal guardian making this application 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 () every two weeks () 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 () every two weeks () 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' benefits	Yes \$ _____	No _____
Unemployment compensation.....	Yes \$ _____	No _____	Child support or other regular support		
Union Funds	Yes \$ _____	No _____	from family members/spouse.....	Yes \$ _____	No _____
Workers Compensation.....	Yes \$ _____	No _____	Rental income.....	Yes \$ _____	No _____
Retirement/pensions	Yes \$ _____	No _____	Dividends or interest.....	Yes \$ _____	No _____
Trusts/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"; use the back to provide additional information)

Cash.....	Yes \$ _____	No _____	Savings.....	Yes \$ _____	No _____
Bank account(s).....	Yes \$ _____	No _____	Stocks/bonds	Yes \$ _____	No _____
Certificates of deposit or			* Equity in real estate (excluding homestead)	Yes \$ _____	No _____
money market accounts	Yes \$ _____	No _____	List the address of this property _____		
*Equity in motor vehicles/boats/	Yes \$ _____	No _____	* Equity means value minus loans. Also list any		
other tangible property			expectancy in an interest in such property.		
List the year/make/model & tag # _____					

5. I have total 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 FS 27.52 commits a misdemeanor of the first degree, punishable as provided in FS 775.082 or 775.083. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed on _____

Signature of Applicant for Indigent Status

Print Full Legal Name _____

Date of Birth Driver License #

Phone Number: _____

Address, City, State, Zip Code

CLERK DETERMINATION

Based on the information in this Application, I have determined the applicant to be: () Indigent; OR
() Indigent and the Public Defender is appointed to this case until relieved by the Court; OR
() Not Indigent

Date _____ Clerk of the Circuit Court, by Deputy Clerk: _____

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person

FILED IN OPEN COURT _____

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY THE JUDGE BY ASKING FOR A HEARING TIME. Sign on this line if you want the judge to review the clerk's determination of not indigent: _____