

IN THE CIRCUIT/COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

STATE OF FLORIDA,
vs.

Case #: _____

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 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	Yes \$ _____	No
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	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 ___ under FS 27.52(1)(a)5.

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 _____ day of _____, 20____.

Date of Birth Last four digits of Driver License or ID #

Signature of Applicant for Indigent Status
 Print Full Legal Name _____
 Phone Number: _____

 Address, City, State, Zip Code

CLERK DETERMINATION

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

Date: _____ Alachua County Clerk of the Circuit Court by

Deputy Clerk,

This form was completed with the assistance of: _____ Date: _____

Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's determination of not indigent. _____