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

Case #: _____

STATE OF FLORIDA,

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 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.

(Below, check "Yes" and fill in the amount if you have this kind of income, otherwise check "No".)

Social Security benefits: ☐Yes, $ _____. ☐No.

Unemployment compensation: ☐Yes, $ _____. ☐No.

Union Funds: ☐Yes, $ _____. ☐No.

Workers Compensation: ☐Yes, $ _____. ☐No.

Veterans' benefits: ☐Yes, $ _____. ☐No.

Child support or other regular support from family members/spouse: ☐Yes, $ _____. ☐No.

Rental income: ☐Yes, $ _____. ☐No.

Dividends or interest: ☐Yes, $ _____. ☐No.

Retirement/pensions: ☐Yes, $ _____. ☐No.

Trusts/gifts: ☐Yes, $ _____. ☐No.

Other kinds of income not on the list: ☐Yes, $ _____. ☐No.

4. I have other assets: (Check "yes" and fill in the value of the property, otherwise check "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 money market accounts: ☐ Yes, $ _____. ☐ No.

*Equity in real estate (excluding homestead): ☐ Yes, $ _____. ☐No. If yes, 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: (Mark "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: _____

Signature of Applicant for Indigent Status Date of Birth: _____

Print Full Legal Name: _____

Last four digits of Driver License or ID #: _____

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:_____

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