

**INFORMATION SHEET
APPLICATION FOR CRIMINAL INDIGENT STATUS**

1. You must submit this Application for Criminal Indigent Status before your next scheduled court date to assure representation of counsel. Make sure the case number(s) or citations number(s) are noted on the Application (if known).
2. Complete the Application and bring it in person to the Justice Center, Pretrial Services, located at 1700 Monroe Street, Third Floor, Fort Myers FL, 33901. Access to the building is through the Justice Center entrance on Martin Luther King Blvd.
3. The Application will be processed while you wait. A pretrial representative will determine indigence for appointment of counsel and advise you whether you qualify for the services of the Public Defender.
4. You will be responsible for paying the \$50 application fee prior to your scheduled court appearance. This fee is payable even if you are not appointed a public defender to represent you.
5. If you have any questions regarding the completion procedures for the attached Application for Criminal Indigent Status, please contact the Pretrial Services Department at (239) 533-1730 between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.

IN THE CIRCUIT/COUNTY COURT OF THE 20th JUDICIAL CIRCUIT
IN AND FOR LEE COUNTY, FLORIDA

STATE OF FLORIDA vs.

CASE NO. _____

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

Social Security benefits.....
Unemployment compensation.....

☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____

Veterans' benefit.....
Child support or other regular support
from family members/spouse.....

☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____

Union Funds.....
Workers compensation.....
Retirement/pensions.....
Trusts or gifts.....

☐ Yes _____
☐ Yes _____
☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____
☐ No _____
☐ No _____

Rental income.....
Dividends or interest.....
Other kinds of income not on the list.....

☐ Yes _____
☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____
☐ No _____

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash.....
Bank account(s).....
Certificates of deposit or
money market accounts.....
*Equity in Motor vehicles/Boats/.....
Other tangible property

☐ Yes _____
☐ Yes _____
☐ Yes _____
☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____
☐ No _____
☐ No _____

Savings.....
Stocks/bonds.....
Equity in Real estate (excluding homestead) *include expectancy
of an interest in such property

☐ Yes _____
☐ Yes _____
☐ Yes _____

☐ No _____
☐ No _____
☐ No _____

5. I have a total amount of liabilities and debts in the amount of _____

6. I receive: (Check "Yes" or "No")

Temporary Assistance for Needy Families-Cash Assistance.....
Poverty-related veterans' benefits.....
Supplemental Security Income (SSI).....

☐ Yes ☐ No
☐ Yes ☐ No
☐ 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 s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20____.

Date of Birth

Drivers License or ID Number

Signature of applicant for indigent status

Print full legal name: _____

Address _____

City, State, Zip _____

Phone Number: _____ Cell Phone: _____

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

This form was completed with the assistance of _____

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. _____