IN THE CIRCUIT/COUNTY COURT OF THE 20th JUDICIAL CIRCUIT
IN AND FOR CHARLOTTE 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**:** *(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 family members/spouse……	Yes $_____	No
Union Funds……..	Yes $_____	No	Rental income……..	Yes $_____	No
Workers compensation……..	Yes $_____	No	Dividends or interest……..	Yes $_____	No
Retirement/pensions……..	Yes $_____	No	Other kinds of income not on the list…….	Yes $_____	No
Trusts or gifts……..	Yes $_____	No			

4. **I have other assets:** *(Circle "Yes" and fill in the value of the property, otherwise circle "No." Use the back of this form 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
*Equity in Motor Vehicles/Boats/ Other tangible property……..	Yes $_____	No			

**Equity means value minus loans. Also list any expectancy in an interest in such property.*

List the year/make/model and tag #: _____

List the address of this property:
Address _____
City, State, Zip _____
County of Residence _____

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 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____.

_____
Signature of Applicant for Indigent Status

Date of Birth _____

Driver's license or ID number _____

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 ____.

This form was completed with the assistance of:

_____
Clerk/Deputy Clerk/Other authorized person

_____
Clerk of the Circuit Court

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. _____

06/23/10