IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR INDIAN RIVER 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			
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 or 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")*

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	*Equity means value minus loans. Also list			
***Equity in Boats/Other tangible property**	Yes	$_____	No	any expectancy in an interest in such property.			
***Equity in Motor Vehicles**……	Yes	$_____	No	*List the address of this property*:			
List the year/make/model and tag #: _____				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 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.**

Signed this _____ day of _____, 20____. S/ _____

Signature or Name of Applicant for Indigent Status

_____
Year of Birth

Print Full Name_____

_____
Last four digits of Driver License or ID Number

_____
Address, P O Address, Street, City, State, Zip Code

Phone number: _____

Is the above address different from the address reflected on your court notice? Yes ☐ or No ☐

NOTICE: If the applicant is determined by the Clerk to be Not Indigent, you may seek judicial review at your next scheduled court appearance.

CLERK'S DETERMINATION

_____Based on the information in this Application, I have determined the applicant to be ( ) **Indigent** ( ) **Not Indigent** pursuant to s. 27.52, F.S.

_____The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this _____ day of _____, 20 ____.

RYAN L. BUTLER
Clerk of the Circuit Court

_____
Deputy Clerk

This form was completed with the assistance of _____ Clerk/Deputy Clerk/Other authorized person.

PRINT