

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.

- 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
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.")

Table with 2 columns: Income Source and Yes/No/Amount. Rows include Social Security benefits, Unemployment compensation, Union funds, Workers compensation, Retirement/pensions, Trusts or gifts, Veterans' benefit, Child support or other regular support from family members/spouse, Rental income, Dividends or interest, Other income not on the list.

- 4. I have other assets: (Check "yes" and fill in the value of the property, otherwise check "No")
Cash, Bank account(s), Certificates of deposit or money market accounts, *Equity in motor vehicles, *Equity in boats/other tangible property, Savings, Stocks/bonds, *Equity in homestead real estate, *Equity in non-homestead real estate.

- 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)

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.

Signed on
Year of Birth
Last four digits of Driver's License or ID Number

Signature of applicant for indigent status
Print full legal name:
Address:
City, State, Zip:
Phone number:
E-mail Address:

CLERK 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.
The Public Defender's office is located in the Richard O. Watson Judicial Center at 4010 Lewis Speedway, Suite 1101, St. Augustine, FL 32084. Phone number: (904) 827-5699
Dated this ___ day of ___, 20__
This form was completed with the assistance of:
Brandon J. Patty, Clerk of the Circuit Court
Clerk/Deputy Clerk/Other authorized person

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.