IN THE CIRCUIT/COUNTY COURT OF THE _____14th_____ JUDICIAL CIRCUIT
IN AND FOR _CALHOUN_____ 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
Unemployment compensation .....Yes $_____ No
Union funds.....Yes $_____ No
Workers compensation .....Yes $_____ No
Retirement/pensions.....Yes $_____ No
Trusts or gifts .....Yes $_____ No
Veterans' benefit.....Yes $_____ No
Child support or other regular support from family members/spouse.....Yes $_____ No
Rental income.....Yes $_____ No
Dividends or interest.....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
Bank account(s).....Yes $_____ No
Certificates of deposit or money market accounts.....Yes $_____ No
*Equity in motor vehicles .....Yes $_____ No
*Equity in boats/other tangible property.....Yes $_____ No
Savings.....Yes $_____ No
Stocks/bonds .....Yes $_____ No
*Equity in homestead real estate .....Yes $_____ No
*Equity in non-homestead real estate .....Yes $_____ No

*include expectancy of an interest in such property

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.**

_____
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.

Dated this ___day of _____, 20_____

_____
Clerk of the Circuit Court, by Deputy Clerk

This form was completed with the assistance of:

_____
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. _____