

IN THE CIRCUIT/COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR ORANGE COUNTY, FLORIDA

STATE OF FLORIDA,

vs.

Case #: _____

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 INDIGENT 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 who 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 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/legal guardian making this application 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 () every two weeks () 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 () every two weeks () 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' benefits.....	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/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"; use the back to provide additional information)

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 in motor vehicles/boats/	Yes \$ _____	No			
other tangible property					
List the year/make/model & tag # _____					

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

List the Address of this property.

Address: _____

City, State, Zip: _____

County of Residence: _____

5. I have total 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 section 27.52, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in the section 775.082, Florida Statutes, or section 775.083, Florida Statutes. I attest that the information I have provided on this application is true and accurate.

Signed on _____

Date of Birth Last 4 digits of Driver's License or ID Number

Signature of Applicant for Indigent Status

Print Full Legal Name

Phone Number:

Address, City, State, Zip Code

CLERK'S DETERMINATION

____ Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent.

____ The Public Defender is appointed to the case listed above until relieved by the Court.

Dated: _____ Clerk of the Circuit Court by _____

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

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____

FILED IN OPEN COURT

THIS _____ DAY OF _____

THE OFFICE OF THE ORANGE COUNTY CLERK OF COURTS

By _____ D.C.