

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

STATE OF FLORIDA

CASE NO. _____

vs.

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: (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "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:** (Check "Yes" and fill in the value of the property, otherwise check "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 in motor vehicles.....	Yes	\$ _____	No				
* Equity in boats/other							
tangible property	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:** (Check "Yes" or "No")

Temporary Assistance for Needy Families – Cash Assistance....	Yes	No	Supplemental Security Income (SSI)	Yes	No
Poverty-related Veterans' Benefits	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 to the best of my knowledge.**

Signed On _____

Year of Birth _____

Last four digits of Driver's License or ID Number _____

X

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 ____ date of _____, 20__

This form was completed with the assistance of:

Clerk of the Circuit Court, Deputy Clerk

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 determination of not indigent. _____