

IN THE CIRCUIT/COUNTY COURT OF THE TENTH JUDICIAL CIRCUIT  
IN AND FOR HARDEE 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

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s. 775.082, F.S. or s. 775.083, F.S. **I attest that the information provided on this application is true and accurate.**

Signed on \_\_\_\_\_

Signature of applicant for indigent status \_\_\_\_\_

Year of Birth \_\_\_\_\_

Print full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Last four digits of Driver's License or ID Number \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Notice to Applicant:** There is a \$50.00 fee for each application filed. The public defender/court appointed lawyer and costs/due process services are not free and a lien may be imposed on all property you own. 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 take home pay of \$ \_\_\_\_\_** paid ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly Include cash payments. Take home pay (net income) is total salary and wages, minus deductions required by law, including 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..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No  | Workers compensation..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No             |
| Unemployment compensation..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Regular support from                                                                                    |
| Union payments ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No           | absent family members ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No           |
| Retirement/pensions ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No      | Rental income..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                    |
| Trusts or gifts ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No          | Dividends or interest ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No           |
| Veterans' benefit..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No         | Other kinds of income not on the list <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |

4. **I have other assets:** (Check "yes" and fill in the value of the property, otherwise check "No")

|                                                                                                       |                                                                                                          |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Cash ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                          | Bank/Savings account(s)..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No           |
| *Car/Motor Vehicle..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No             | Stocks/bonds/Certificates of Deposit.. <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Money market accounts ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No         | *Homestead real estate ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No           |
| *Boats/other tangible property..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | *Non-homestead real estate ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No       |

\*show loans on these assets in paragraph 5

**Check one:** ☐ DO/ ☐ DO NOT expect to receive more assets in the near future. The asset and value is \_\_\_\_\_.

5. **I have total liabilities and debts in the amount of \$ \_\_\_\_\_.** I have loan balances on assets in paragraph 4:

Car/Motor Vehicle \$ \_\_\_\_\_; Homestead \$ \_\_\_\_\_; Non-homestead real estate \$ \_\_\_\_\_;

Boat \$ \_\_\_\_\_; Other tangible property (identify here) \_\_\_\_\_ and loan balance \$ \_\_\_\_\_.

6. **I receive:** (Check all applicable payments received")

☐ Temporary Assistance for Needy Families- Cash Assistance

☐ Supplemental Security Income (SSI)

☐ Poverty-related veterans' benefits

7. **I have been released on bail in the amount of \$ \_\_\_\_\_.** ☐ Cash ☐ Surety **Posted by:** ☐ Self ☐ Family ☐ Other

**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 on \_\_\_\_\_, 20\_\_\_\_

VICTORIA L. ROGERS  
Clerk of the Circuit Court,

By \_\_\_\_\_, Deputy Clerk

**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: \_\_\_\_\_