

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR WALTON COUNTY, FLORIDA

STATE OF FLORIDA vs.

CASE NO: \_\_\_\_\_

Defendant/Respondent

**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. My take home pay is \$ \_\_\_\_\_** paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_ *Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.*

- 3. I have other income paid**  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_.  
(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         |
| Yes \$ _____ <input type="checkbox"/> No  | Trusts..... <input type="checkbox"/> No  |
| Dividends or interest..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No      | Veterans' benefits..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No    |
| Other income not on the list... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | I understand   |

that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 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..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Car/Motor vehicle*..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Stocks/bonds/cert. 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                                  |   |   |   | Other assets*..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No         |  |  |  |

**Check one:** I  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 \_\_\_\_.

Deputy Clerk for \_\_\_\_\_, Clerk of Courts

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME.**

**Sign here if you want the judge to review the clerk's decision if not indigent**