

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR ST. LUCIE 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 _____ 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: _____
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**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
Trusts _____ <input type="checkbox"/> Yes \$ _____ <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 \_\_\_\_\_. Michelle R. Miller, Clerk of the Circuit Court and Comptroller

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

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FORTHIS REVIEW.** Sign here if you want the judge to review the clerk's decision \_\_\_\_\_