

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR OKEECHOBEE 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

**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.

- I have \_\_\_ dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
- 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)
- I have other income paid ( ) weekly ( ) bi-weekly ( ) 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' benefit..... Yes \$_____ No
Unemployment compensation..... Yes \$_____ No	Child support or other regular support from family members/spouse..... Yes \$_____ No
Union Funds..... Yes \$_____ No	Rental income..... Yes \$_____ No
Workers compensation..... Yes \$_____ No	Dividends or interest..... Yes \$_____ No
Retirement/pensions..... Yes \$_____ No	Other kinds of income not on the list..... Yes \$_____ No
Trusts or gifts..... Yes \$_____ No	
- I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No.")

Cash..... Yes \$_____ No	Savings..... Yes \$_____ No
Bank account(s)..... Yes \$_____ No	Stocks/bonds..... Yes \$_____ No
Certificates of deposit or money market accounts..... Yes \$_____ No	*Equity in Real estate (excluding homestead) Yes \$_____ No
*Equity in Motor vehicles/Boats/..... Yes \$_____ No	List the address of this property _____
Other tangible property	*Equity means value minus loans. Also include expectancy of an interest in such property
- I have a total amount of liabilities and debts in the amount of \$\_\_\_\_\_.
- 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
- 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 s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. **I attest that the information I have provided on this Application is true and accurate to the best of my knowledge.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

Driver's license or ID number \_\_\_\_\_

Print full legal name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**CLERK'S 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Sharon Robertson  
Clerk of the Circuit Court and Comptroller

By: \_\_\_\_\_  
Deputy Clerk

This form was completed with the assistance of

\_\_\_\_\_  
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 decision of not indigent.** \_\_\_\_\_