

XVIII. FORMS

RULE 3.984. APPLICATION FOR CRIMINAL INDIGENT STATUS

IN THE CIRCUIT/COUNTY COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT
IN AND FOR \_\_\_\_\_ 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.

- 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
3. I have other income paid ( ) weekly ( ) bi-weekly ( ) semi-monthly ( ) monthly ( ) yearly:
4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")
5. I have a total amount of liabilities and debts in the amount of \$\_\_\_\_\_
6. I receive: (Circle "Yes" or "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 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\_\_\_\_\_.

Signature of Applicant for Indigent Status

Date of Birth \_\_\_\_\_

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\_\_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court

This form was completed with the assistance of \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person

**APPLICANTS NOT FOUND 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.** \_\_\_\_\_