

IN THE CIRCUIT/COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

APPLICATION FOR CRIMINAL/JUVENILE INDIGENT STATUS

STATE OF FLORIDA
In The Interest of vs.

CASE NUMBER

DEFENDANT/CHILD

I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER

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 cost/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.

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 income of \$ paid weekly bi-weekly semi-monthly monthly yearly.

3. I have other income paid weekly bi-weekly semi-monthly monthly yearly.
Social Security benefits, Unemployment compensation, Union funds, Worker's compensation, Retirement/pensions, Trusts or gifts, Veterans' benefit, Child support or other regular support from family members/spouse, Rental income, Dividends or interest, Other kinds of income not on the list.

4. I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")
Cash, Bank Accounts, Certificates of deposit or money market accounts, Equity in Motor Vehicles/Boats/Other tangible property, Savings, Stocks/Bonds, Equity in Real Estate (excluding homestead).

5. I have a total amount of liabilities and debts in the amount of \$

6. I receive: (Circle "Yes" or "No")
Temporary/ Assistance for Needy Families-Cash Assistance, Poverty-related veterans' benefits, Supplemental Security Income (SSI).

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.

CLERK'S DETERMINATION

Signature of Applicant for Indigent Status

Date of Birth

DL or State ID No:

Signed this day of, 20

Print Full Name:

Current Address:

City, State, Zip Code:

Phone Number:

CLERK'S DETERMINATION

Based on the information in this Application, I have determined that the applicant is Indigent Not Indigent.
The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this day of, 20

Deputy Clerk for Scott Ellis, Clerk of Courts

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.

BAR CODE LABEL