

**IN THE CIRCUIT/COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**784 INDIGENT
785 NOT INDIGENT**

DIVISION <input type="checkbox"/> CRIMINAL <input type="checkbox"/> TRAFFIC/MISDEMEANOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> DOMESTIC VIOLENCE	APPLICATION FOR CRIMINAL INDIGENT STATUS	CASE NUMBER
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STATE OF FLORIDA VS. NO. _____ _____ DEFENDANT/MINOR CHILD	CLOCK IN
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JUDGE NAME:	Arraignment Date:
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- I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER
OR
 I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENT STATUS FOR COSTS

Notice to Applicant: The provisions of a public defender/court appointed lawyer 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
(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)
3. 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		
Union Funds.....	Yes \$ _____	No	from family members/spouse.....	Yes \$ _____	No
Workers' compensation.....	Yes \$ _____	No	Rental income.....	Yes \$ _____	No
Retirement/pensions.....	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Trust or gifts.....	Yes \$ _____	No	Other kinds of income not on the list.....	Yes \$ _____	No
4. 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			Equity in Real estate (excluding homestead)*		
Money market accounts.....	Yes \$ _____	No	*Including expectancy of an interest in such		
*Equity in Motor vehicles/Boats/	Yes \$ _____	No	property.....	Yes \$ _____	No
Other tangible property*					
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	Yes	No
Poverty-related veterans' benefits	Yes	No
Supplemental Security Income (SSI).....	Yes	No
7. I have been released on bail in the amount of \$ _____ Cash _____ Surety _____ Posted by: Self Family Other

AFFIDAVIT FOR CRIMINAL INDIGENT STATUS

CASE NUMBER

WRITTEN ATTESTATION

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under Section 27.52, Florida Statute commits a misdemeanor of the first degree, punishable as provided in Section 775.082, Florida Statute or Section 775.083, Florida Statute **I attest that the information I have provided on this Application is true and accurate.**

Signed this _____ day of _____, 20____

Signature of Applicant for Indigent Status

Birth Year

Print Full Name

Last 4 Digits of Driver's License or ID Number

Address, P O Address, Street, City, State, Zip Code

Phone number: _____

** (If a clerk or deputy clerk helped you fill out this form, he or she must fill out the blank below.)

This form was completed with the assistance of _____, Clerk/Deputy Clerk/Other authorized person.

NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review at your next scheduled court appearance.

CLERK'S DETERMINATION

_____ Based on the information in this Application, I have determined the applicant to be Indigent Not Indigent

**Harvey Ruvin, Clerk of Courts
Clerk of the Circuit Court**

By: _____
Deputy Clerk

_____ 20____
Date

CLOCK IN

REVIEW OF INDIGENT STATUS BY COURT

(Applicant sought Review)

Based on the information in this Affidavit and additional factors I have determined that the applicant is

Indigent Not Indigent

Judge

Date