

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

**784 INDIGENT  
785 NOT INDIGENT**

|   |   |                    |
|---|---|--------------------|
| <b>DIVISION</b><br><input type="checkbox"/> CRIMINAL<br><input type="checkbox"/> TRAFFIC/MISDEMEANOR<br><input type="checkbox"/> JUVENILE<br><input type="checkbox"/> DOMESTIC VIOLENCE | <b>APPLICATION FOR CRIMINAL<br/>INDIGENT STATUS</b> | <b>CASE NUMBER</b> |
|---|---|--------------------|

|   |                 |
|---|-----------------|
| <b>STATE OF FLORIDA VS.</b><br><br>NO. _____<br><br>_____<br><b>DEFENDANT/MINOR CHILD</b> | <b>CLOCK IN</b> |
|---|-----------------|

|                          |                                |
|--------------------------|--------------------------------|
| <b>JUDGE NAME:</b> _____ | <b>Arraignment Date:</b> _____ |
|--------------------------|--------------------------------|

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 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<br>Unemployment compensation. Yes \$ _____ No<br>Union Funds..... Yes \$ _____ No<br>Workers' compensation..... Yes \$ _____ No<br>Retirement/pensions..... Yes \$ _____ No<br>Trust or gifts..... Yes \$ _____ No | Veterans' benefit..... Yes \$ _____ No<br>Child support or other regular from family members/spouse..... Yes \$ _____ No<br>Rental income..... Yes \$ _____ No<br>Dividends or interest ..... Yes \$ _____ No<br>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<br>Bank account(s)..... Yes \$ _____ No<br>Certificates of deposit or Money market accounts..... Yes \$ _____ No<br>Equity in Motor vehicles/Boats/ Other tangible property Yes \$ _____ No | Savings..... Yes \$ _____ No<br>Stocks/bonds..... Yes \$ _____ No<br>Equity in Real estate (excluding homestead) *including expectancy of an interest in such property..... Yes \$ _____ No |
|---|---|

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 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

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Drivers 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 pursuant to s. 27.52, F.S.

Harvey Ruvim, Clerk of Courts  
Clerk of the Circuit Court

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

\_\_\_\_\_  
Date 20\_\_\_\_

CLOCK IN

**REVIEW OF INDIGENT STATUS BY COURT**

(Applicant sought Review)

Based on the information in this Affidavit and additional factors pursuant to 27.52 4(a); I have determined that the applicant is  Indigent  Not Indigent pursuant to s. 27.52.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date