## **APPENDIX Best Practices Determination of Indigency**

Application for Criminal Indigent Status

Application for Determination of Civil Indigent Status

Application for Determination of Civil Indigent Status (DP and TPR Cases)

**Certificate of Costs** 

Refund – Defendant Acquitted or Discharged Voucher Cover

(Optional) Review of Motor Vehicle and Property Records

	IN THE CIRCUIT/CO	OUNTY COURT O	F THE _	JUDICIAL CIRCUIT COUNTY, FLORIDA
STATE OF FLORIDA	VS.	IN AND FOR		CASE NO
Defendant/Minor Child	ADD	N 10 4 TION 54	ND 0011	MINAL INDICENT CTATUS
				MINAL INDIGENT STATUS
I AM SEEKING TH	E APPOINTMENT OF THE PL	JBLIC DEFENDE	R	OR
I HAVE A PRIVATE	E ATTORNEY OR AM SELF-R	EPRESENTED A	AND SEE	EK DETERMINATION OF INDIGENCE STATUS FOR COSTS
against all real or person application. There is a \$5 may be assessed agains	al property you own to pay for 50.00 fee for each application f	legal and other s iled. If the applica case. If you are a	ervices pation fee ation fee a parent/g	and costs/due process services are not free. A judgment and lien may be impose provided on your behalf or on behalf of the person for whom you are making this is not paid to the Clerk of the Court within 7 days, it will be added to any costs the guardian making this affidavit on behalf of a minor or tax-dependent adult, the
1. I havedepen	dents. (Do not include child	ren not living at	home ar	nd do not include a working spouse or yourself.)
(Take home income e other court ordered su	quals salary, wages, bonuses, pport payments)	commissions, al	llowance	weekly ()semi-monthly ()monthly () yearly s, overtime, tips and similar payments, <b>minus</b> deductions required by law and
3. I have other income otherwise circle "No.")	paid (_)weekly (_)bi-weekly (_	)semi-monthly (_	monthly	(_)yearly: (Circle "Yes" and fill in the amount if you have this kind of income,
Social Security benefits				Veterans' benefit
				Child support or other regular support from
	Yes \$ Yes \$			family members/spouse         Yes \$No           Rental income         Yes \$No
Retirement/pensions	Υes \$ Yes \$		No	Dividends or interest Yes \( \) No
Trusts or gifts	Yes \$		No	Other kinds of income not on the listYes \$No
	/O		,	
4 <b>I nave otner assets:</b> Cash	(Circle "yes" and fill in the v Yes \$	alue of the prop	erty, otri No	nerwise circle "No") SavingsYes \$ No
Bank account(s)	Yes \$		No	Stocks/bonds Yes \$ No
Certificates of deposit o	r			*Equity in homestead real estateYes \$No
money market acco	untsYes \$		No	*Equity in non-homestead real estateYes \$No
Equity in motor vehicle	sYes \$		No	*include expectancy of an interest in such property
*Equity in boats/other ta	ingible propertyYes \$		No	morado expectancy of an interest in each property
5. I have a total amour	nt of liabilities and debts in	the amount of	\$	
6. I receive: (Circle "Yo Temporary Assistan Cash Assistance	es" or "No.") nce for Needy Families-	Yes No		Poverty- related veterans' benefits
				CashSurety Posted by:SelfFamilyOther
				n seeking a determination of indigent status under s. 27.52, F.S. commits a
	t degree, punishable as prov			or s. 775.083, F.S. I attest that the information I have provided on this
Signed on			Sign	nature of applicant for indigent status
			Prir	nt full legal name:
Year of Birth			Add	dress:
			City	/, State, Zip:
Last four digits of Driv	er's License or ID Number	<del></del>	•	one number:
				enil Address:
				iali Audiess.
		C	LERK D	retermination  applicant to be () Indigent () Not Indigent
	ender is hereby appointed to			
			vo ui	
Dated thisday UI	, 20	_		Clerk of the Circuit Court, by Deputy Clerk
This form was complete	ed with the assistance of:			
				Clerk/Deputy Clerk/Other authorized person
	NOT INDIGENT MAY SEEK			FOR A HEARING TIME. Sign here if you want the judge to review the clerk's

	TE CIRCUIT/COUN	ITY COUR	T OF THE	JI COUNTY, FLOR	UDICIAL CIR	CUIT	
	IN AND F	-UK		COUNTY, FLOR			
aintiff/Petitioner or In the Interest					CASE NO		
	vs.						
efendant//Respondent							
ΔΡΓ	PLICATION FO	R DETE	RMINATION	OF CIVIL INDIG	FNT STA	TUS	
lotice to Applicant: If you qua	_		-			costs and fees	are not waiv
. I havedependents. Are you Married?Yesl						? \$	
. I have a net income of \$	paid (	) weekly (	) every two wee	ks ( ) semi-monthly (	) monthly ( )	yearly () other _	
Net income is your total incom n <b>inus</b> deductions required by						ne, tips and sim	nilar paymen
					•		
. <b>I have other income</b> paid ( ) Circle "Yes" and fill in the amo	) weekly ( ) every	/ two weel his kind of	ks () semi-mi	onthly ( ) monthly (	) yearly ( )	other	·
econd Job				benefits		Yes \$	No
ocial Security benefits			Workers o	ompensation		Yes \$	No
For you	Yes \$	No	Income from	om absent family m	embers	Yes \$	No
For child(ren)	Yes \$	No	Stocks/bo	nds		Yes \$	No
For child(ren)lnemployment compensation.	Yes \$	No	Rental inc	ome		Yes \$	No
nion payments	Yes \$	No	Dividends	or interest		Yes \$	No
etirement/pensionsrusts	Yes \$	No	Other kind	ls of income not on	the list	Yes \$	No
rusts	Yes \$	No	Gifts			Yes \$	No
understand that I will be requi rovided by law, although I ma					with §57.08	2(5), Florida St	atutes, as
I have other assets: (Circle "						Vac f	No
ash							
ank account(s)	res \$						
ertificates of deposit or	V <b></b>			teal Property*			
oney market accounts							
oats*	Yes \$						
			Other assets'			res \$	No
Check one: I ( ) DO ( ) DO NO s	-	ive more a	assets in the r	ear future. The as	set		
		,		, i : i - Φ	4		
5. I have total liabilities and	debts of \$	as to	llows: Motor	/enicle \$	, Home \$	), l	30at
Non-homestea	d Real Property	\$	, Child Su	pport paid direct \$		_, Credit Cards	3
S, Medical Bills \$_					, Otner \$	·	
6. I have a private lawyer in	this case	Yes	No				
A person who knowingly provide	s false information	n to the cle	rk or the court	in seeking a determi	nation of ind	igent status und	ler s. 57.082,
F.S. commits a misdemeanor of t	the first degree, ρι	unishable a	s provided in s.	775.082, F.S. or s. 77	5.083, F.S. I	attest that the i	nformation I
have provided on this applicatio	on is true and accu	rate to the	best of my kn	owledge.			
	. 20 .						
Signed on			Signatu	re of Applicant for In	digent Statu	ıs	
Signed on				ıll Legal Name	-		
	of Driver License of	r ID Numbe	or Drint Fi				
/ear of Birth Last 4 digits of							
/ear of Birth Last 4 digits of				Number/s:			
/ear of Birth Last 4 digits of Email address:							
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip C	Code		Phone				
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip C	Code ne assistance of:		Phone				
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip C	Code ne assistance of:	lerk/Deput	Phone	Number/s:		_	
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip Control of Control	Code ne assistance of: C	lerk/Deput	Phone  Ty Clerk/Other a	Number/s:authorized person.		_	
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip Construction on the information in this	Code ne assistance of: C	lerk/Deput	Phone  Ty Clerk/Other a	Number/s:authorized person.		_	
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip Control of the	Code ne assistance of:C C Application, I have	lerk/Deput	Phone  Ty Clerk/Other a	Number/s:authorized person.		_	
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip Control This form was completed with the Email and the information in this F.S.  Dated on	Code ne assistance of:C C Application, I have	lerk/Deput	Phone  Y Clerk/Other a  K'S DETERMINA  ed the applican	nuthorized person.  ATION t to be ( ) Indigent ( )		_	
Year of Birth Last 4 digits of Email address:  Address: Street, City, State, Zip Control of the	Code ne assistance of:C C Application, I have	lerk/Deput	Phone  Y Clerk/Other a  K'S DETERMINA  ed the applican  Clerk o	Number/s:authorized person.	Not Indigen	t, according to s	

	IN AND	FOR	TOP THE	JL COUNTY, FLORI	DA	
n the Interest of	IN AND	- OK		COUNTT, FLORI	DA	
				CAS	E NO	
AP				OF CIVIL INDIG		
		•		Parental Rights (	,	
lotice to Applicant: If you qu	-	-	-			s are not waiv
. I havedependents. Are you Married?Yes						
I have a net income of \$ Net income is your total incor	paid	() weekly (	) every two wee	ks () semi-monthly ()	monthly () yearly () other	imilar naumar
<b>ninus</b> deductions required by						пппат рауппет
I have other income paid (					yearly ( ) other	·
Circle "Yes" and fill in the ame					Yes \$	No
ocial Security benefits			Workers of	compensation	Yes \$	No
For you	Yes §	No	Income from	om absent family me	embers Yes \$	No
For child(ren)	Yes S	No	) Stocks/bo	nas	Yes \$	No
nemployment compensation nion paymentsetirement/pensions	1 es \$ Vac ¢	INC	n Rental Inc	or interest	Yes \$ Yes \$	INO
etirement/pensions	Yes \$	NC	Other kind	ds of income not on	the list Yes \$	No
usts	Yes \$	No	Gifts		Yes \$	No
understand that I will be requor ovided by law, although I ma					vith §57.082(5), Florida	Statutes, as
I have other assets: (Circle					Van ¢	No
ashash account(s)	Yes \$	NO	Savings acco	unt	Yes \$	INO
ertificates of deposit or	res \$				Yes \$	
oney market accounts	Voc ¢	No	Motor Vehicle	.earrioperty .*	ΓΕδ ψ Vρc ¢	No
oney market accounts oats*	Yes \$	No	Non-homeste	ad real property/rea	Υes \$ al estate*Yes \$	No
	***************************************		Other assets		Yes \$	
Check one: I ( ) DO ( ) DO NO	-	eive more	assets in the r	ear future. The ass	set	
S	1.1466	as fo	ollows: Motor	Vehicle \$	, Home \$	, Boat
5. I have total liabilities and	debts of \$			pport paid direct \$_	, Credit Card	ds
5. <b>I have total liabilities and</b> 5, Non-homestea	ad Real Property	\$	, Child Su			
5. <b>I have total liabilities and</b> 5, Non-homestea	ad Real Property	\$	, Child Su icines (monthly	·/) \$	, Other \$	
S	ad Real Property  this case	\$ ost of medi Yes	icines (monthly	y) \$	_, Other \$	
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5. I have total liabilities and 6. , Non-homester 6. , Medical Bills \$ 6. I have a private lawyer in A person who knowingly provide 6. S. commits a misdemeanor of nave provided on this application 6. Signed on 6. I have a private lawyer in A person who knowingly provide 6. S. commits a misdemeanor of nave provided on this application 6. Signed on 6. This form was completed with the sased on the information in this	this case	\$ost of medical set of medical s	erk or the court as provided in s. be best of my kn Signatu er Print Fo Phone  ty Clerk/Other a  K'S DETERMINA ed the applican	in seeking a determing 775.082, F.S. or s. 775 owledge.  Irre of Applicant for Incult Legal Name	, Other \$  nation of indigent status up 5.083, F.S. I attest that the digent Status	e information

## IN THE COUNTY/CIRCUIT COURT, SECOND JUDICIAL CIRCUIT IN AND FOR COUNTY, FLORIDA

State of Florida	CASE #:
vs.	SPN #:
	_, Defendant.
	CERTIFICATE OF COSTS
this Certificate of Costs, pursua	_, Deputy Clerk, County Clerk's Office, Florida, files nt to FS 939.06, which provides:
any costs or fees of the c while detained in custod under s. 27.52(1)(b), in t the payment of such cos	Il prosecution who is acquitted or discharged is not liable for court or any ministerial office, or for any charge of subsistence ly. If the defendant has paid any taxable costs, or fees required he case, the clerk or judge shall give him or her a certificate of ts, with the items thereof, which, when audited and approved e refunded to the defendant.
refund to the Justice Adr prescribed by the comm	er this section, a defendant must submit a request forthe ministrative Commission on a form and in a manner ission. The defendant must attach to the form an order from the defendant's right to the refund and the amount of the
•	and fees paid by the defendant in this case are as attached. If the nd fees through this office, I certify that by the attachment.
	PRINT/TYPE NAME UNDER LINE Deputy Clerk
cc: Honorable Judge, Esq. Justice Administrative Com	 mission

## Refund – Defendant Acquitted or Discharged Voucher Cover

Defendant	Soc. Sec. No.:
Attorney	Florida Bar Number(If Applicable)
(If filing on behalf of Defendant)	(if Applicable)
Make Checks Payable to:	Case Number
	County Name
Mailing Address	
	Total Refund
	Amount \$
SUPPORTING DOCUMENTATION TO BE A	TTACHED:
1. Certificate of Payment of Costs from (2. Court Order (must indicate the defend	Clerk of Court
3. Court documents showing defendant	was acquitted or the case was dismissed
4. Account summary from detention fac	ility
*See section 939.06, Florida Statutes. Costs are limit	ed to fees and costs paid by the defendant and
1	ation fees, sheriff ministerial fees, clerk of court ministerial fees, and
subsistence charges while detained in custody.	
	Submit Completed Voucher to:
Attorney / Defendant Signature (Blue Ink)	Date Justice Administrative
Attorney / Delendant Signature (Blue Ink)	Commission Court-Appointed
Attornay / Defendant Drinted Name	Counsel Program Post Office Box
Attorney / Defendant Printed Name	1654   Tallahassee, FL 32302-1654
( ) -	<u> </u>
Phone Number	

Justice Administrative Commission June 2005 (Rev. March 2008)

Defendant 1	Soc. Sec. No.: 2
Attorney (If filling on behalf of the Defendant)	Florida Bar Number 4 (If Applicable)
Make Checks Payable to: 5  Mailing 7	Case Number 6 County Name
Address	Total Refund Amount
SUPPORTING DOCUMENTATION TO BE ATTACHED:	10
Certificate of Payment of Costs from Clerk or Cou     Court Order (must indicate the defendant's right to     Court documents showing defendant was acquitted.     Account summary from detention facility  *See section 939.06, Florida Statutes. Costs are limited to fees are Clerk of Court; specifically, public defender application fees, sheri and subsistence charges while detained in custody.	to a refund and dollar amount) sed or the case was dismissed and costs paid by the defendant and certified by a
	Submit Completed Voucher to:
Attorney / Defendant Signature (Blue Ink)  Date  Attorney / Defendant Printed Name	Justice Administrative Commission Court-Appointed Counsel Program Post Office Box 1654 Tallahassee, FL 32302-1654
( ) - 14 Phone Number	
IMPORTANT: Original Signatures required, JAC will not accept copies or facsimile	JAC Date Stamp se of this form.

	IN THE COUNTY/CIRCUIT COURT OF THEJUDICIAL CIRCUIT
	IN AND FORCOUNTY, STATE OF FLORIDA
STAT	E OF FLORIDA
v.	Case #:
Defe	ndant.
	REVIEW OF MOTOR VEHICLE AND PROPERTY RECORDS
l.	Motor Vehicle Review – (net value not exceeding \$5,000)
vehic	I hereby certify that, based on the information contained in DAVE/DAVID, a review of motor cle registration reflects:
	Record of Vehicle(s)YearMakeActive lienSatisfied lien
	No Vehicle Record
II.	Property Review (net equity value of \$2,500 not including homestead)
of pr	I hereby certify that, based on the information contained in the public property records, a review operty records inCounty reflects:
	Owns property at(location)
	Assessed value is \$
	Unable to search local property recordsno means availableinsufficient data
	No property found
Date	:(Clerk Name)
	Clerk of the Circuit Court
	Ву:
	Deputy Clerk

07/01/2014 - upd 3-2-17

06/23/10