

# **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

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  
(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 support from		
Union funds	Yes \$ _____	No	family members/spouse	Yes \$ _____	No
Workers compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Trusts 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 homestead real estate	Yes \$ _____	No
money market accounts	Yes \$ _____	No	*Equity in non-homestead real estate	Yes \$ _____	No
*Equity in motor vehicles	Yes \$ _____	No			
*Equity in boats/other tangible property	Yes \$ _____	No	*include expectancy of an interest in such 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-			Poverty- related veterans' benefits	Yes	No
Cash Assistance	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

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.

Signed on \_\_\_\_\_

Year of Birth \_\_\_\_\_

Last four digits of Driver's License or ID Number \_\_\_\_\_

Signature of applicant for indigent status \_\_\_\_\_

Print full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CLERK 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, by Deputy Clerk

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. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner or In the Interest of  
vs.  
\_\_\_\_\_  
Defendant/Respondent

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

**Notice to Applicant:** If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

1. **I have \_\_\_\_\_ dependents.** (Include only those persons you list on your U.S. Income tax return.)

Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ \_\_\_\_\_

2. **I have a net income of \$ \_\_\_\_\_** paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_.  
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.)

3. **I have other income** paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_.  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job .....	Yes \$ _____	No	Veterans' benefits.....	Yes \$ _____	No
Social Security benefits			Workers compensation.....	Yes \$ _____	No
For you.....	Yes \$ _____	No	Income from absent family members .....	Yes \$ _____	No
For child(ren) .....	Yes \$ _____	No	Stocks/bonds.....	Yes \$ _____	No
Unemployment compensation.....	Yes \$ _____	No	Rental income.....	Yes \$ _____	No
Union payments .....	Yes \$ _____	No	Dividends or interest.....	Yes \$ _____	No
Retirement/pensions .....	Yes \$ _____	No	Other kinds of income not on the list .....	Yes \$ _____	No
Trusts .....	Yes \$ _____	No	Gifts .....	Yes \$ _____	No

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. **I have other assets:** (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash.....	Yes \$ _____	No	Savings account.....	Yes \$ _____	No
Bank account(s) .....	Yes \$ _____	No	Stocks/bonds .....	Yes \$ _____	No
Certificates of deposit or			Homestead Real Property* .....	Yes \$ _____	No
Money market accounts .....	Yes \$ _____	No	Motor Vehicle*.....	Yes \$ _____	No
Boats* .....	Yes \$ _____	No	Non-homestead real property/real estate* .....	Yes \$ _____	No
			Other assets* .....	Yes \$ _____	No

Check one: I ( ) DO ( ) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_.

5. **I have total liabilities and debts of \$ \_\_\_\_\_** as follows: Motor Vehicle \$ \_\_\_\_\_, Home \$ \_\_\_\_\_, Boat \$ \_\_\_\_\_, Non-homestead Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ \_\_\_\_\_, Medical Bills \$ \_\_\_\_\_, Cost of medicines (monthly) \$ \_\_\_\_\_, Other \$ \_\_\_\_\_.

6. **I have a private lawyer in this case**..... Yes \_\_\_\_\_ No \_\_\_\_\_

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, 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 on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Year of Birth Last 4 digits of Driver License or ID Number  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status  
Print Full Legal Name \_\_\_\_\_  
Phone Number/s: \_\_\_\_\_

Address: Street, City, State, Zip Code

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

**CLERK'S DETERMINATION**

Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent, according to s. 57.082, F.S.

Dated on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court  
By \_\_\_\_\_, Deputy Clerk

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision \_\_\_\_\_

In the Interest of \_\_\_\_\_

CASE NO. \_\_\_\_\_

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**  
(Dependency and Termination of Parental Rights Cases)

**Notice to Applicant:** If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

1. I have \_\_\_\_\_ dependents. (Include only those persons you list on your U.S. Income tax return.)

Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ \_\_\_\_\_

2. I have a net income of \$ \_\_\_\_\_ paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_.  
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_.  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job .....	Yes \$ _____	No	Veterans' benefits .....	Yes \$ _____	No
Social Security benefits			Workers compensation .....	Yes \$ _____	No
For you .....	Yes \$ _____	No	Income from absent family members .....	Yes \$ _____	No
For child(ren) .....	Yes \$ _____	No	Stocks/bonds .....	Yes \$ _____	No
Unemployment compensation .....	Yes \$ _____	No	Rental income .....	Yes \$ _____	No
Union payments .....	Yes \$ _____	No	Dividends or interest .....	Yes \$ _____	No
Retirement/pensions .....	Yes \$ _____	No	Other kinds of income not on the list .....	Yes \$ _____	No
Trusts .....	Yes \$ _____	No	Gifts .....	Yes \$ _____	No

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash .....	Yes \$ _____	No	Savings account .....	Yes \$ _____	No
Bank account(s) .....	Yes \$ _____	No	Stocks/bonds .....	Yes \$ _____	No
Certificates of deposit or			Homestead Real Property* .....	Yes \$ _____	No
Money market accounts .....	Yes \$ _____	No	Motor Vehicle* .....	Yes \$ _____	No
Boats* .....	Yes \$ _____	No	Non-homestead real property/real estate* .....	Yes \$ _____	No
			Other assets* .....	Yes \$ _____	No

Check one: I ( ) DO ( ) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_.

5. I have total liabilities and debts of \$ \_\_\_\_\_ as follows: Motor Vehicle \$ \_\_\_\_\_, Home \$ \_\_\_\_\_, Boat \$ \_\_\_\_\_, Non-homestead Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ \_\_\_\_\_, Medical Bills \$ \_\_\_\_\_, Cost of medicines (monthly) \$ \_\_\_\_\_, Other \$ \_\_\_\_\_.

6. I have a private lawyer in this case..... Yes \_\_\_\_\_ No \_\_\_\_\_

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, 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 on \_\_\_\_\_, 20 \_\_\_\_.

Year of Birth \_\_\_\_\_ Last 4 digits of Driver License or ID Number \_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status  
Print Full Legal Name \_\_\_\_\_  
Phone Number/s: \_\_\_\_\_

Address: Street, City, State, Zip Code \_\_\_\_\_

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

**CLERK'S DETERMINATION**

Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent, according to s. 57.082, F.S.

Dated on \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court  
By \_\_\_\_\_, Deputy Clerk

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.**  
Sign here if you want the judge to review the clerk's decision \_\_\_\_\_

IN THE COUNTY/CIRCUIT COURT, SECOND JUDICIAL CIRCUIT IN AND  
FOR [REDACTED] COUNTY, FLORIDA

State of Florida

CASE #: \_\_\_\_\_

vs.

SPN #: \_\_\_\_\_

\_\_\_\_\_, Defendant.

**CERTIFICATE OF COSTS**

\_\_\_\_\_, Deputy Clerk, [REDACTED] County Clerk's Office, Florida, files this Certificate of Costs, pursuant to FS 939.06, which provides:

- (1) A defendant in a criminal prosecution who is acquitted or discharged is not liable for any costs or fees of the court or any ministerial office, or for any charge of subsistence while detained in custody. If the defendant has paid any taxable costs, or fees required under s. 27.52(1)(b), in the case, the clerk or judge shall give him or her a certificate of the payment of such costs, with the items thereof, which, when audited and approved according to law, shall be refunded to the defendant.
- (2) To receive a refund under this section, a defendant must submit a request for the refund to the Justice Administrative Commission on a form and in a manner prescribed by the commission. The defendant must attach to the form an order from the court demonstrating the defendant's right to the refund and the amount of the refund.

I certify that the costs and fees paid by the defendant in this case are as attached. If the defendant has not paid costs and fees through this office, I certify that by the attachment.

\_\_\_\_\_  
*PRINT/TYPE NAME UNDER LINE*  
Deputy Clerk

cc: Honorable Judge \_\_\_\_\_  
\_\_\_\_\_, Esq.  
Justice Administrative Commission

# Refund – Defendant Acquitted or Discharged Voucher Cover

Defendant \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Attorney \_\_\_\_\_ Florida Bar Number \_\_\_\_\_  
(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 ATTACHED:

1. Certificate of Payment of Costs from Clerk of Court
2. Court Order (must indicate the defendant's right to a refund and dollar amount)
3. Court documents showing defendant was acquitted or the case was dismissed
4. Account summary from detention facility

\*See section 939.06, Florida Statutes. Costs are limited to fees and costs paid by the defendant and certified by a Clerk of Court; specifically, public defender application fees, sheriff ministerial fees, clerk of court ministerial fees, and subsistence charges while detained in custody.

## Submit Completed Voucher to:

**Justice Administrative  
Commission Court-Appointed  
Counsel Program Post Office Box  
1654  
Tallahassee, FL 32302-1654**

\_\_\_\_\_  
Attorney / Defendant Signature (Blue Ink) Date

\_\_\_\_\_  
Attorney / Defendant Printed Name

( ) -  
\_\_\_\_\_  
Phone Number



Defendant \_\_\_\_\_ (1)

Soc. Sec. No.: \_\_\_\_\_ (2)

Attorney \_\_\_\_\_ (3)  
(If filing on behalf of the Defendant)

Florida Bar Number \_\_\_\_\_ (4)  
(If Applicable)

Make Checks Payable to: \_\_\_\_\_ (5)

Case Number \_\_\_\_\_ (6)

Mailing Address \_\_\_\_\_ (7)  
\_\_\_\_\_  
\_\_\_\_\_

County Name \_\_\_\_\_ (8)

Total Refund Amount \$ \_\_\_\_\_ (9)

**SUPPORTING DOCUMENTATION TO BE ATTACHED:** (10)

1. Certificate of Payment of Costs from Clerk or Court
2. Court Order (must indicate the defendant's right to a refund and dollar amount)
3. Court documents showing defendant was acquitted or the case was dismissed
4. Account summary from detention facility

\*See section 939.06, Florida Statutes. Costs are limited to fees and costs paid by the defendant and certified by a Clerk of Court; specifically, public defender application fees, sheriff ministerial fees, clerk of court ministerial fees and subsistence charges while detained in custody.

\_\_\_\_\_  
(11) Attorney / Defendant Signature (Blue Ink) \_\_\_\_\_ (12) Date

\_\_\_\_\_  
(13) Attorney / Defendant Printed Name

( ) - \_\_\_\_\_ (14)  
Phone Number

**Submit Completed Voucher to:**  
**Justice Administrative Commission**  
**Court-Appointed Counsel Program**  
**Post Office Box 1654**  
**Tallahassee, FL 32302-1654** (15)

JAC Date Stamp \_\_\_\_\_

**IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.**



IN THE COUNTY/CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, STATE OF FLORIDA

STATE OF FLORIDA

v.

Case #: \_\_\_\_\_

\_\_\_\_\_  
Defendant.

REVIEW OF MOTOR VEHICLE AND PROPERTY RECORDS

I. Motor Vehicle Review – (net value not exceeding \$5,000)

I hereby certify that, based on the information contained in DAVE/DAVID, a review of motor vehicle registration reflects:

\_\_\_ Record of Vehicle(s)      \_\_\_ Year      \_\_\_ Make \_\_\_ Active lien \_\_\_ Satisfied lien

\_\_\_ No Vehicle Record

II. Property Review (net equity value of \$2,500 not including homestead)

I hereby certify that, based on the information contained in the public property records, a review of property records in \_\_\_\_\_ County reflects:

\_\_\_ Owns property at \_\_\_\_\_ (location)

Assessed value is \$ \_\_\_\_\_

\_\_\_ Unable to search local property records \_\_\_ no means available \_\_\_ insufficient data

\_\_\_ No property found

Date: \_\_\_\_\_

\_\_\_\_\_  
(Clerk Name)  
Clerk of the Circuit Court

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

06/23/10