

STATE OF FLORIDA vs.

CASE NO. 06-4016 CFMG

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 \$40.00 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.

- I have 2 dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
- I have a take home income of \$ 0 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)
- 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 \$ _____	<input checked="" type="checkbox"/> No	Veterans' benefit..... Yes \$ _____	<input checked="" type="checkbox"/> No
Unemployment compensation <u>Dealt</u> Yes \$ <u>\$20.00</u>	<input checked="" type="checkbox"/> No	Child support or other regular support from family members/spouse..... Yes \$ _____	<input checked="" type="checkbox"/> No
Union Funds..... Yes \$ _____	<input checked="" type="checkbox"/> No	Rental income..... Yes \$ _____	<input checked="" type="checkbox"/> No
Workers compensation..... Yes \$ _____	<input checked="" type="checkbox"/> No	Dividends or interest..... Yes \$ _____	<input checked="" type="checkbox"/> No
Retirement/pension..... Yes \$ _____	<input checked="" type="checkbox"/> No	Other kinds of income not on the list..... Yes \$ _____	<input checked="" type="checkbox"/> No
Trusts or gifts..... Yes \$ _____	<input checked="" type="checkbox"/> No		

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

Cash..... Yes \$ <u>20.00</u>	No	Savings..... Yes \$ _____	<input checked="" type="checkbox"/> No
Bank account(s)..... Yes \$ <u>20.00</u>	No	Stock/bonds..... Yes \$ _____	<input checked="" type="checkbox"/> No
Certificates of deposit or money market accounts..... Yes \$ _____	<input checked="" type="checkbox"/> No	*Equity in Real estate (excluding homestead) Yes \$ _____	<input checked="" type="checkbox"/> No
*Equity in Motor vehicles/Boats..... Yes \$ <u>0.00</u>	No	*Include expectancy of an interest in such property.	
Other tangible property..... Yes \$ _____	<input checked="" type="checkbox"/> No		

5. I have a total amount of liabilities and debts in the amount of \$ 1060.00

- I receive: (Circle "Yes" or "No")

Temporary Assistance for Needy Families-Cash Assistance.....	Yes	<input checked="" type="checkbox"/> No
Poverty-related veterans' benefits.....	Yes	<input checked="" type="checkbox"/> No
Supplemental Security Income (SSI).....	Yes	<input checked="" type="checkbox"/> No

7. I have been released on bail in the amount of \$ 2500.00 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 a. 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 29 day of January, 2007.
9-19-1953
Date of Birth
F15530-501-53-8390
Drivers License or ID Number

Kristin Schmidt
Signature of Applicant for Indigent Status
Print Full Name Kristin Schmidt

NOTICE: If the applicant is determined by the clerk to be Not Indigent, you must appear at your next scheduled court appearance.

CLERK'S DETERMINATION

OKT Based on the information in this Application, I have determined the applicant to be Indigent () Not Indigent pursuant to s. 27.52, F.S.

MS The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this 29th day of Jan, 2007.

Clerk of the Circuit Court
This form was completed with the assistance of
[Signature] Clerk/Deputy Clerk/Other authorized person