

STATE OF FLORIDA vs. Kristin schmidt 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 \$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.

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 | | |
| 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 |
| 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 Real estate (excluding homestead) Yes \$ | | No |
| money market accounts..... | Yes \$ | No | *include expectancy of an interest in such property | | |
| *Equity in Motor vehicles/Boats/..... | 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 |

POSTED

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 to the best of my knowledge.

Signed this 28 day of NOV, 2006 Kristin Schmidt

Signature of Applicant for Indigent Status

Date of Birth 9-19-53 Print Full Name _____

Drivers License or ID Number _____ Address, P O Address, Street, City, State, Zip Code _____
Phone number: _____

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.

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

** HAS OWN ATTORNEY **

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STATE OF FLORIDA vs.

CASE NO. 06-9016 CPMG

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.

1. I have 2 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 \$ 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)

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 \$ _____ | <input checked="" type="radio"/> No | Veterans' benefit..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Unemployment compensation <u>Denial</u> Yes \$ <u>on Appeal</u> | <input checked="" type="radio"/> No | Child support or other regular support from family members/spouse..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Union Funds..... Yes \$ _____ | <input checked="" type="radio"/> No | Rental Income..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Workers compensation..... Yes \$ _____ | <input checked="" type="radio"/> No | Dividends or Interest..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Retirement/pensions..... Yes \$ _____ | <input checked="" type="radio"/> No | Other kinds of income not on the list..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Trusts or gifts..... Yes \$ _____ | <input checked="" type="radio"/> No | | |

Assistance as found from churches + Agencies

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

| | | | |
|---|-------------------------------------|---|-------------------------------------|
| Cash..... Yes \$ <u>20.00</u> | <input checked="" type="radio"/> No | Savings..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Bank account(s)..... Yes \$ <u>20.00</u> | <input checked="" type="radio"/> No | Stocks/bonds..... Yes \$ _____ | <input checked="" type="radio"/> No |
| Certificates of deposit or money market accounts..... Yes \$ _____ | <input checked="" type="radio"/> No | *Equity in Real estate (excluding homestead) Yes \$ _____ | <input checked="" type="radio"/> No |
| *Equity in Motor vehicles/Boats..... Yes \$ <u>800.00</u> | <input checked="" type="radio"/> No | *Include expectancy of an interest in such property | |
| Other tangible property <u>1994 Mitsubishi Montero</u> | | | |

5. I have a total amount of liabilities and debts in the amount of \$ 1860.00

*725.00 credit
187.00 credit
138.00 credit
26.00 cash +*

6. I receive: (Circle "Yes" or "No")

| | | |
|--|-----|-------------------------------------|
| Temporary Assistance for Needy Families-Cash Assistance..... | Yes | <input checked="" type="radio"/> No |
| Poverty-related veterans' benefits..... | Yes | <input checked="" type="radio"/> No |
| Supplemental Security Income (SSI)..... | Yes | <input checked="" type="radio"/> 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 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 29 day of January, 2017.
9-19-1953

Kristin Schmidt
Signature of Applicant for Indigent Status

Date of Birth
1-15-30-501-53-8390
Drivers License or ID Number

Print Full Name: Kristin Schmidt
2329 Joan Ave PLH FL 32408
Address, P O Address, Street, City, State, Zip Code
Phone number: 235-0884 (unlisted)

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.

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
This form was completed with the assistance of

Clerk/Deputy Clerk/Other authorized pe