

AM

IN THE CIRCUIT/COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

CASE NO. 01-2024-CF-001428-A

STATE OF FLORIDA vs.

WALKER, JAMES DARREN

Defendant/Minor Child

APPLICATION FOR CRIMINAL INDIGENT STATUS

2024 APR 25 PM 2:55
ALACHUA COUNTY, FL
CLERK OF CIRCUIT COURT

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.

- I have 6 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 \$ 150 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 \$ <u>843</u>	No	Veterans' benefit	Yes \$	No
Unemployment compensation	Yes \$	No	Child support or other regular support from family members/spouse	Yes \$	No
Union funds	Yes \$	No	Rental income	Yes \$	No
Workers compensation	Yes \$	No	Dividends or interest	Yes \$	No
Retirement/pensions	Yes \$	No	Other kinds of income not on the list	Yes \$	No
Trusts or gifts	Yes \$	No			
- I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No;" use the back to provide additional information)

Cash	Yes \$	No	Savings	Yes \$	No
Bank account(s)	Yes \$	No	Stocks/bonds	Yes \$	No
Certificates of deposit or money market accounts	Yes \$	No	*Equity in homestead real estate	Yes \$	No
*Equity in motor vehicles	Yes \$	No	*Equity in non-homestead real estate	Yes \$	No
*Equity in boats/other tangible property	Yes \$	No			

*include expectancy of an interest in such property
- I have a total amount of liabilities and debts in the amount of \$ _____
- I receive: (Circle "Yes" or "No.")

Temporary Assistance for Needy Families-Cash Assistance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Supplemental Security Income (SSI)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Poverty-related veterans' benefits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
- 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.
NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review at your next scheduled court appearance.

Signed on: 28 of April, 2024.
Date of Birth: _____
Last four digits of Driver's License or ID Number: _____

[Signature]
Signature of applicant for indigent status
Print full legal name: WALKER, JAMES DARREN
Address: _____
City, State, Zip: _____
Phone number: (352) 501-1380
E-mail Address: _____

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be Indigent and the Public Defender is hereby appointed to this case until relieved by the Court; or Not Indigent.

Dated April 25, 2024
Alachua County Clerk of Circuit Court
By [Signature]
Deputy Clerk
This form was completed with the assistance of _____
Deputy Clerk/Other authorized person

APPLICANT 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.

