R20020039744
RECORDED IN
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01806
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

IN THE SECOND JUDICIAL CIRCUIT OF FLORIDA

OFFICE OF THE CHIEF JUDGE

ADMINISTRATIVE ORDER 02-09

IN RE: AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER

WHEREAS, The Public Defender of the Second Judicial Circuit has requested the establishment of uniform procedures to inquire into the financial status of defendants; and

WHEREAS, Section 27.52, Florida Statutes, provides the determination of indigence in criminal and juvenile delinquency cases where the defendant seeks the representation of the Office of the Public Defender; and

WHEREAS, Section 27.52, Florida Statutes, requires that the court consider a financial affidavit for the determination of indigence; and

WHEREAS, Section 27.52, Florida Statutes, requires the imposition of a public defender application fee of forty dollars ($40.00) to be paid within seven (7) days of the filing of the financial affidavit;

IT IS THEREFORE ORDERED THAT:

1. The following uniform procedures are established in Leon County:

(A) To be considered for the appointment of the public defender, a form FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER (FS 27.52 AND 938.29) shall be completed in full and signed by the defendant, or by the parents(s) of the defendant if the defendant is a minor or a tax dependent adult, as required by Section 27.52, Florida Statutes.

1. All defendants applying for the appointment of the public defender must complete a financial affidavit and sign it before being released from booking or pre-trial release.

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

R2002003974
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01807
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

2. Defendants not requesting the public defender shall sign the appropriate portion of the form and indicate if they will hire their own attorney.

3. Defendants interviewed by the Leon County Pretrial Release Program shall complete the FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER (FS 27.52 AND 938.29) portion of the pre-trial defendant information and sign the appropriate portion(s) of that form (please see Uniform Bond Schedule and Pretrial Release - Leon County);

4. The booking officer or designated officer at the local jail shall provide the defendant a form FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER (FS 27.53 AND 938.29), which shall be completed in full and signed by the defendant.

5. The Department of Juvenile Justice FINANCIAL STATEMENT FOR DETERMINATION OF COST RECOVERY form may be used as the affidavit information for juvenile delinquency cases;

(B) The completed FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER (FS 27.52 AND 938.29) with a form ORDER ON THE AFFIDAVIT AND APPLICATION FOR A PUBLIC DEFENDER AND APPLICATION FEE along with three (3) copies of the form order shall be presented to

1) the presiding overnight first appearance judge for defendants held in custody for a determination of indigence.

or

2) the designated judge for felony out of custody defendants, who will make a determination of indigence according to Section 27.52 (2), Florida Statutes. The judge's office will forward: the original order and affidavit information to the clerk's office; one copy to the defendant or legal guardian(with an affidavit to complete); one copy to the public defender's office; and one copy to the Office of the State Attorney.

2. Each person who requests the appointment of the public defender, or a conflict attorney, shall pay to the clerk of court an application fee of forty dollars ($40.00) at the time the financial affidavit is filed or within seven days thereafter, whether or not the public defender is appointed. The method of payment shall be in accordance with the respective policies of the clerks of court, pursuant to Sections 27.52 and 938.29, Florida Statutes.

3. Sections of Administrative Order 1990-17 that are in conflict with this order are rescinded.

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

R2002039744
RECORDED IN
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01808
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

DONE AND ORDERED in Chambers at Tallahassee, Leon County, Florida this 3rd day of May, 2002.

WILLIAM L. GARY
Chief Judge

Attachments: -2002 Indigence Guidelines (published every February or March of current year)
- form Financial Affidavit and Application for Appointment of Public Defender
-form DJJ Financial Statement for Determination of Cost Recovery
-form Order on the Affidavit and Application for a Public Defender and Application Fee

Copies furnished to:
All Circuit and County Judges, Second Judicial Circuit
All Circuit and County Judicial Assistants, Second Judicial Circuit
All Clerks of Court of the Second Judicial Circuit
The Honorable Larry Campbell, Sheriff, Leon County
The Honorable Nancy A. Daniels, Public Defender
The Honorable William N. Meggs, State Attorney
Grant Slayden, Court Administrator
Gloria Daniels, Probation Director
Lt. Charles Davis, Leon County Jail
Wanda Hunter, Pretrial Supervisor, Leon County

04/23/02 F:\admordaffinsolvency.wpd

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

R20020039744
RECORDED IN
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01809
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

2002 INDIGENCE ELIGIBILITY GUIDELINES

(Re: Sections 27.52 and 938.29, Florida Statutes)

Household Size	Weekly Indigency Guideline	Bi-Weekly Indigency Guideline	Monthly Indigency Guideline
1	$425.96	$851.92	$1,845.83
2	$574.03	$1,148.07	$2,487.49
3	$722.10	$1,444.22	$3,129.15
4	$870.17	$1,740.37	$3,770.81
5	$1,018.24	$2,036.52	$4,412.47
6	$1,166.31	$2,332.67	$5,054.13
7	$1,314.38	$2,628.82	$5,695.79
8	$1,462.45	$2,924.97	$6,337.45
9	$1,610.52	$3,221.12	$6,979.11
10	$1,758.59	$3,517.27	$7,620.77
11	$1,906.66	$3,813.42	$8,262.43
12	$2,054.73	$4,109.57	$8,904.09
For each additional person add	$148.07	$296.15	$641.66

Figures based on the 2002 Federal Register, HHS Poverty Guidelines

Updated: 02/21/02
Second Judicial Circuit
Office of the Court Administrator

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

R20020039744
RECORDED IN
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01810
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

IN THE _____ COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR LEON COUNTY, FLORIDA
STATE OF FLORIDA
vs.
CASE No.: _____
[ ] I have been released on bail $ _____
Amount of Bond
_____/SPN #_____
***** $40.00 APPLICATION FEE *****

FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER (FS 27.52 AND 938.29)

A. SOURCE OF INCOME:

[ ] Employed by_____
How long? _____supervisor: _____
[ ] I am a student. [ ] Full-time. [ ] Part-time. School/College/University_____
[ ] Unemployed (For how long?)_____
[ ] Aid to Families with Dependent Children (AFDC)_____
[ ] Child support or alimony paid to you_____
[ ] SSI, Food Stamps_____
[ ] Social Security, retirement, disability _____
[ ] Parents, grants, financial aid, other _____
[ ] Income from rental property or other personal business_____
Financial aid is [ ] paid directly to the school amount: _____Per _____ [ ] Paid directly to me amount _____Per_____

B. AMOUNT OF INCOME (weekly, bi-weekly or monthly):

From job (After taxes) _____Per_____
From unemployment _____Per_____
From AFDC _____Per_____
From support pymts. _____Per_____
From SSI, food stamps _____Per_____
From S.S., etc. _____Per_____
From parents, other _____Per_____
From rentals, other _____Per_____

C. I am [ ] single. I am [ ] married. **(Check one)** If married, my spouse [ ] is employed. My spouse [ ] is not employed. **(Check one)**
My spouse's legal name is:_____
My spouse is employed by:_____ and my spouse's net income is: _____Per_____

D. [ ] Someone may claim me as a dependent for their income tax purposes: Name(s) _____
Address: _____City: _____State: _____ZipCode: _____
OR, MY LEGAL DEPENDENTS I CLAIM FOR INCOME TAX PURPOSES ARE: (Do not include a boy/girl friend, and their children, if not legally married.)
[ ] Self. [ ] Spouse. [ ] Tax dependents living/not living in my home (ages and relationship):_____

E. I am [ ] **renting** or I am [ ] **buying** my home. **(Check one)** If other, specify:_____

F. I HAVE EQUITY IN THE FOLLOWING ASSETS. *Equity is current value minus amount owed.*

Cash on hand at bank, in pocket, at home, or any other location $_____
Stocks, bonds, CDs, mutual funds, retirement accounts, trusts funds, other $_____
Real estate - specify: home, land, mobile home, duplex, etc. $_____
Cars, trucks, motorcycles, boats (specify below):

Year	Make	Model	Current Value	Amount Owed

G. AMOUNT PAID IN MONTHLY DEBTS AND OBLIGATIONS: (circle if roommate(s) share expenses or someone pays these expenses for me)

Rent/mortgage	_____	Gas/ transportation	_____	Cable	_____	Student loans	_____
Utilities	_____	Phone	_____	Car insurance	_____	Food	_____
Auto loans	_____	Day care	_____	Credit cards/other	_____	Court ordered child support	_____

H. PERSONAL INFORMATION:

Street address: _____City_____ State:_____ Zip:_____
Date of birth: _____Social Security Number: _____
Home phone number:_____ Work phone number:_____

REQUIRED (check one): [ ] I am the above named defendant. OR **[ ]** I/We are the parent(s) or legal guardian(s) of the defendant.
REQUIRED (check one): [ ] I/We do not request the court to consider this application for appointment of the public defender and will hire an attorney, OR
[ ] I understand that an application fee of $40.00 is due when this financial affidavit is filed, whether or not the public defender is appointed. If not paid within seven (7) days, I understand that this fee will be addressed at disposition or sentencing. Any unpaid fees will become a lien on my property enforceable as any other civil judgment, and may be included as a condition of any probation order. I have no income or assets except that which is listed above. I authorize the court and the public defender to examine and review any of my income records, financial records/documents, titles, credit records, or tax records necessary to verify the information contained in my financial affidavit. I agree to report any change in my financial situation to the court or to the public defender as required by Florida Law. **Under the penalties of perjury, I declare that I have read the foregoing financial affidavit and application for appointment of public defender and that the facts stated in it are true.**

Signature(s) of Defendant or Parent(s)/legal guardian(s): _____
Date: _____

[ ] AFDC/SSI recipient. **No further screening required.**

Total Income: _____ Per _____
Deductions required by law: _____ Per _____
NET INCOME: _____ Per _____
Assets considered: _____

Household Size: _____
250%: _____

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

This form must be submitted to the Judge or Clerk of Circuit Court

DEPARTMENT OF JUVENILE JUSTICE

FINANCIAL STATEMENT FOR DETERMINATION OF COST RECOVERY

R20020039744
RECORDED IN PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01811
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

The 2000 Florida Legislature amended **sections 985.215, 985.231 and 985.233, Florida Statutes,** and imposed mandatory fees for the cost of care, support, and maintenance of juveniles in detention or commitment facilities operated by the Department of Juvenile Justice. Beginning October 1, 2000, the maximum amounts that will be assessed is $20 per day for detention and $50 per day for commitment programs.

FAILURE TO RESPOND TO THE QUESTIONS ON THIS FORM WILL RESULT IN THE IMPOSITION OF MAXIMUM AMOUNT.

Juvenile's Name: _____ DJJID # _____ Case # _____

Juvenile's Street Address: _____

Juvenile's City: _____ State: _____ Zip: _____

Custodial Parent/Guardian's Name: _____

Street Address: _____

City-State-Zip: _____

Social Security No. _____

Custodial Parent/Guardian Information:

1. My current marital status is: Married: ___; Single: ___; Separated: ___; Divorced: ___ ;Widowed: __.
2. The number of dependents that I/we support: _____.
3. My/our net monthly income: $_____ (Net income equals all income minus tax deductions and court ordered support payments ONLY).
4. Amount of monthly **Social Security (SSA, SSD, SSI)** I/we receive for this juvenile: $_____.
5. Amount of monthly **Child Support** I receive for this juvenile: $_____.
6. I/we currently receive **assistance through WAGES:** Yes: ___; No: ___.
7. Amount of **Cash** that I/we have: $_____ (checking, savings, cash on hand).
8. Approximate value of **Real Estate** (home, buildings, land) that I/we own $_____.
9. Approximate value of **Personal Property** (tangible and intangible) including stocks, bonds, notes, mobile homes, automobiles, motorcycles, and boats that I/we own: $_____.

Signature of Parent/Guardian _____ Date: _____

Form completed by: _____ / _____ Date: _____

Official Use Only: Comments: _____

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT

R20020039744
RECORDED IN
PUBLIC RECORDS LEON CNTY FL
BK: R2663 PG: 01812
MAY 07 2002 11:56 AM
BOB INZER, CLERK OF COURTS

IN THE _____ COURT OF
THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA
STATE OF FLORIDA
vs.

CASE NO. _____

_____/SPN#_____

ORDER ON THE AFFIDAVIT AND APPLICATION FOR A PUBLIC DEFENDER AND APPLICATION FEE

This cause was considered upon the defendant's sworn affidavit and application for appointment of public defender. Based on the contents of the affidavit, it is

ORDERED AND ADJUDGED that:

_____ The defendant is indigent and the public defender is appointed to represent the defendant.

_____ The defendant is not indigent and is responsible for hiring an attorney. The public defender is not appointed.

_____ The public defender is not appointed. The affidavit form is not fully completed.

_____ The defendant may be a tax-dependent adult and the parent(s) or legal guardian(s) must file an affidavit within seven (7) days to complete this application for consideration of the appointment of the public defender pursuant to Sections 27.52 and 938.29, Florida Statutes.

It is further ORDERED AND ADJUDGED that the defendant shall pay a $40.00 public defender application fee to the Clerk of Court within seven (7) days of this date. Payment shall be made in accordance with the policies of the Clerk of Court for this county.

DONE AND ORDERED on _____.

_____
JUDGE

copies to:
Defendant/legal guardian (with form affidavit to complete)
Public Defender's Office
Office of the State Attorney

(2nd circuit form order April 2002 complies with administrative order # _____)

UNOFFICIAL DOCUMENT
CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
UNOFFICIAL DOCUMENT