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BOB INZER, CLERK OF COURTS

IN THE SECOND JUDICIAL CIRCUIT OF FLORIDA

OFFICE OF THE CHIEF JUDGE

ADMINISTRATIVE ORDER 2002-15

IN RE: AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER

WHEREAS, there is the need to establish uniform procedures to inquire into the financial status of criminal defendants as well as parents and legal guardians of alleged delinquent juveniles; and

WHEREAS, Section 27.52, Florida Statutes, provides that a determination of indigency for purposes of appointing the public defender or conflict attorney shall be made by the court and at any stage of the proceedings; and

WHEREAS, Section 27.52, Florida Statutes, provides that before the appointing the public defender or conflict attorney, the court shall consider a completed affidavit that contains the financial information required under paragraph 27.52(1)(f); and

WHEREAS, Section 27.52, Florida Statutes, provides for 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 for every person who requests the appointment of the public defender or conflict attorney.

It is **THEREFORE ORDERED** that the following procedures are established in Leon County:

I. APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER.

A. Defendants interviewed by the Leon County Pretrial Release Program who are requesting appointment of the public defender or conflict attorney shall complete the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* portion of the pretrial defendant information and sign the form under oath and penalty of perjury. The Leon County Pretrial Release Program shall provide a *Notice to Leon County Criminal Defendants* (an informational sheet on the appointment of the public defender or conflict attorney) to criminal defendants interviewed who are not requesting appointment of the public defender or a conflict attorney.

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B. Felony defendants not interviewed by the Leon County Pretrial Release Program who are requesting the public defender shall be provided with the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form, blank *Order on the Financial Affidavit and Application for Appointment of Public Defender* and *Notice to Leon County Defendants* (an informational sheet on the appointment of the public defender or conflict attorney) by the booking officer or designated officer at the jail. It is the defendant's responsibility to complete the affidavit, sign it under oath and penalty of perjury and to file it along with the $40.00 application fee with the clerk of the court. The clerk shall forward the completed affidavit to the appropriate division judge who shall make a determination of entitlement to appointment of the public defender or conflict attorney.

C. Defendants not requesting the public defender or conflict attorney do not have to complete or sign the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form.

D. If the defendant is under 18 years of age or a tax dependent adult, the parent(s) or legal guardian(s) of the defendant shall complete and sign under oath and penalty of perjury the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form as required by Section 27.52, Florida Statutes.

E. The Department of Juvenile Justice *Financial Statement for Determination of Cost Recovery* form may be used as the affidavit information for juvenile delinquency cases. Except, that if the office of the state attorney direct files against any person under 18 years of age, the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* shall be completed as otherwise provided for in this order.

F. Defendants who initially do not apply for the services of the public defender may apply for a public defender at any stage of the pending proceedings. The *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form and *Notice to Leon County Defendants* (an informational sheet on the appointment of the public defender) shall be available from the clerk of the court or in any courtroom.

II. DETERMINATION OF INDIGENCE.

A. In-custody defendants: The completed *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form will be provided to the presiding first appearance judge who shall make a determination of indigence in accordance with Section 27.52, Florida Statutes.

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B. Out-of-custody felony defendants: The completed *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form and *Order on the Financial Affidavit and Application for Appointment of Public Defender* will be provided to the assigned division judge via inter-office mail. The assigned division shall make a determination of indigence in accordance with Section 27.52, Florida Statutes. The assigned division judge will forward the original order and affidavit to the clerk of the court and copies to the offices of the public defender and state attorney.

C. Out-of-custody traffic and misdemeanor defendants: The determination of indigence for out-of-custody traffic and misdemeanor defendants shall be made at the time the defendant appears in court for arraignment.

D. Defendants not initially applying for public defender: The assigned division judge shall make the determination of indigence for defendants applying for the services of the public defender pursuant to Section I F of this order. If the defendant obtains a *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form from the clerk and files the application with the clerk, the clerk shall forward the *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)* form and *Order on the Financial Affidavit and Application for Appointment of Public Defender* to the assigned division judge. The assigned division judge will forward the original order and affidavit to the clerk of the court and copies to the offices of the public defender and state attorney.

III. APPLICATION FEE.

Pursuant to the requirements of the law, each person who requests the appointment of the public defender or conflict attorney shall pay to the clerk of the court an application fee of forty dollars ($40.00) at the time the financial affidavit is filed or within seven days thereafter, regardless of whether the public defender or conflict attorney was appointed. The method of payment shall be in accordance with the policy of the clerk of the court, pursuant to Sections 27.52 and 938.29, Florida Statutes.

IV. MISCELLANEOUS.

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

B. Administrative Order 2002-09 is terminated.

C. This order shall become effective at 12:01 a.m. on October 21, 2002, or when signed, whichever is later.

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LEON COUNTY
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DONE and ORDERED in chambers at Tallahassee, Leon County, Florida, this 1 ST day of ~~August~~ October 2002.

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William L. Gary
Chief Judge

Attachments: 2002 Indigence Guidelines
Form: *Financial Affidavit and Application for Appointment of Public Defender (FS 27.52 and 938.29)*
Form: *Order on the Affidavit and Application for a Public Defender and Application Fee*
Form: Department of Juvenile Justice *Financial Statement for Determination of Cost Recovery*

cc: All Circuit and County Judges, Second Judicial Circuit
All Clerks of the Courts, Second Judicial Circuit
Honorable Larry Campbell, Sheriff, Leon County
Honorable Nancy Daniels, Public Defender
Honorable Willie Meggs, State Attorney
Grant Slayden, Court Administrator
Patsy Williams, Senior Deputy Court Administrator
Gloria Daniels, Probation Director, Leon County
Wanda Hunter, Pretrial Release Supervisor, Leon County
Lt. Charles Davis, Leon County Jail

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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

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LEON COUNTY
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IN THE CIRCUIT / COUNTY COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR _____ COUNTY, FLORIDA

STATE OF FLORIDA
vs.
_____, Defendant. SPN #

CASE NO.: _____

☐ I have been released on bail. $ _____
Amount of Bond

***** $40.00 APPLICATION FEE *****

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

(NOTE: This affidavit and application may be rejected if not completed in full)

A. SOURCE OF INCOME:

☐ Employed by _____
How long? _____ Supervisor: _____
☐ I am a student. ☐Full-time ☐ Part-time School/College/University _____
☐ Financial aid is ☐ paid directly to the school amount: _____ Per _____
☐ 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

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

From job (After taxes) _____ Per _____
☐ Amount paid directly to me _____ 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 ☐ legally married. **(Check one.)** If legally married, my spouse ☐ is employed ☐ is not employed. **(Check one.)**
My spouse's legal name is: _____
My spouse is employed by: _____ and my spouse's income after taxes is: _____ Per _____

D. SOMEONE MAY CLAIM ME AS A DEPENDENT FOR THEIR INCOME TAX PURPOSES: Name(s) _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

E. MY LEGAL DEPENDENTS I CLAIM FOR INCOME TAX PURPOSES ARE: (Do not include a boy / girl friend, and his / her children, if not legally married.)
☐Self ☐Spouse ☐ tax dependents living / not living in my home (ages and relationship): _____

F. I am ☐ **renting** ☐ **buying** my home ☐ **I own** my home. **(Check one.)** If other, specify: _____

G. I HAVE EQUITY IN THE FOLLOWING ASSETS. ***Equity is the current value of the property or asset minus any amount owed.***
Cash on hand, at bank, in pocket, at home, or any other location $ _____
Stocks, bonds, CDs, mutual funds, retirement accounts, trust funds, other $ _____
Real estate - specify: home, land, mobile home, duplex, etc. $ _____
Cars, trucks, motorcycles, boats (fully describe below):

Year	Make	Model	Current Value	Amount Owed

H. AMOUNT PAID IN MONTHLY DEBTS AND OBLIGATIONS: (**NOTE: Circle** if roommate(s) share expenses **or** someone pays these expenses for you)

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

I. PERSONAL INFORMATION: **(All personal information is REQUIRED)**
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 ☐ I / We am / are the parent(s) or legal guardian(s) of the defendant, AND by my / our signature state that:

" I / We 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 even (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 / We declare that I / We 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 AND Parent(s)/legal guardian(s), if tax dependant: _____, Defendant / Applicant
Date: _____ _____, Parent / Legal Guardian Applicant

Do not write below this line.

☐ AFDC/SSI recipient. **No further screening required.**
Household Size: _____
Assets considered: _____

Total Income: $_____ Per _____
Deductions required by law: _____ Per _____
NET INCOME: $_____ Per _____
250%: $_____

Revised: October 3, 2002

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CLERK OF THE CIRCUIT COURT & COMPTROLLER
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IN THE CIRCUIT / COUNTY COURT OF
THE SECOND JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

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STATE OF FLORIDA

vs. **CASE NO.** _____

_____ **SPN NO.** _____

Defendant

ORDER ON THE FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER

Based on the Financial Affidavit and Application for Appointment of Public Defender, it is ORDERED AND ADJUDGED that:

_____ The Public Defender is appointed because the defendant appears to be indigent.

_____ The Public Defender is not appointed. The defendant does not appear to be indigent and is responsible for hiring an attorney.

_____ The Public Defender is not appointed. The affidavit form is not fully completed as noted.

_____

_____

_____ The defendant may be a tax-dependent adult. Pursuant to Sections 27.52 and 938.29, Florida Statutes, the parent(s) or legal guardian(s) must file with the Clerk of the Court a fully completed financial affidavit within seven (7) days of the date of this order to complete the application process for appointment of the public defender. The affidavit must be hand delivered or mailed to: **CLERK OF THE COURT, P O BOX 726, TALLAHASSEE, FL 32302**

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 / Parent or Legal Guardian
Office of the Public Defender
Office of the State Attorney

Revised: 10/3/2002

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CLERK OF THE CIRCUIT COURT & COMPTROLLER
LEON COUNTY
GWEN MARSHALL
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This form must be submitted to the Judge or Clerk of Circuit Court

DEPARTMENT OF JUVENILE JUSTICE

FINANCIAL STATEMENT FOR DETERMINATION OF COST RECOVERY

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: $_____.

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Signature of Parent/Guardian _____ Date: _____

Form completed by: _____ Date: _____

Official Use Only: Comments: _____

Bureau of Finance and Accounting June 19, 2000

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LEON COUNTY
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NOTICE TO LEON COUNTY CRIMINAL DEFENDANTS

1. If you want the court to consider the appointment of the public defender or a conflict attorney, you must **FULLY COMPLETE AND SIGN UNDER OATH AND PENALTY OF PERJURY** either the *Pretrial Defendant Information* before being released from the Pretrial Release Office or the *Financial Affidavit and Application for Appointment of Public Defender* (Sections 27.52 and 938.29, Florida Statutes), which you may obtain from the sheriff's booking staff at the jail prior to release. If you do not complete the *Pretrial Defendant Information* prior to release from the Pretrial Release office, it is your responsibility to file the *Financial Affidavit and Application for Appointment of Public Defender* with the clerk of the court. (See item 2 below for clerk locations.) The clerk will forward the completed affidavit to the appropriate division judge who will make a determination of entitlement to appointment of the public defender or conflict attorney.

2. If you initially do not want the court to consider the appointment of the public defender and you later want the court to consider the appointment of the public defender, you must file a completed and signed *Financial Affidavit and Application for Appointment of Public Defender* form with the clerk of the court. Forms may be obtained from the clerk of the court, in any courtroom or the public defender's office, and the completed and signed form must be filed with the clerk of the court. Please note the following clerk division locations.

Felony Division	Misdemeanor Division	Traffic Division
Room 312, Leon County Courthouse	Room 141, Leon County Courthouse	Courthouse Annex
301 S. Monroe Street	301 S. Monroe Street	1920 Thomasville Rd
Tallahassee, FL 32301	Tallahassee, FL 32301	Tallahassee, FL 32303

3. If you are under 18 years of age or a tax-dependent adult, your parent(s) or legal guardian(s) must file with the clerk of the court a completed and signed *Financial Affidavit and Application for Appointment of Public Defender*. Generally, you may be tax-dependent if you are a student under the age of 24 years and receiving financial support from others. *Financial Affidavit and Application for Appointment of Public Defender* forms are available from the clerk of the court. See item 2 above for clerk locations.

4. If you have not been notified as to whether the public defender was appointed you may call the clerk of the court as follows:
Felony cases (10 days after applying) call the Felony Division at 850-577-4070
Misdemeanor cases (one week after applying) call the Misdemeanor Division at 850-577-4130
Traffic cases (one week after applying) call the Traffic Division at 850-577-4100

5. **If the public defender is appointed**, you **must** contact the public defender's office at 850-488-2458 to schedule an appointment with the attorney or investigator assigned to your case.

6. **If the public defender is not appointed**, you will need to hire or obtain the services of a private attorney. The attorney should file appropriate papers with the clerk of the court.

7. **If the public defender is not appointed due to an incomplete *Financial Affidavit and Application for Appointment of Public Defender* and you still want the court to consider appointing the public defender or conflict attorney ,** you **must** complete and file with the clerk another form at no cost to you. Forms are available from the clerk of the court (felony, misdemeanor and traffic divisions) or the public defender's office.

8. **Pay the application fee of $40.00 to the clerk of the court.** Please note when paying by check or money order, make **payable to "Clerk of Court"** and include your name, and case number on the check or money order. **The application fee is required by Florida Statutes**. You **must** make your payment within seven (7) days of the date of your application.

NOTE: Failure to pay the fee may result in further court action.

To pay in person by cash, check, credit card or money order:
Bring to: Room 141, Leon County Courthouse
301 S. Monroe St.
Tallahassee, FL

To mail $40.00 check or money order:
Send to: Clerk of Court
P. O. Box 105
Tallahassee, FL 32302

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