

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT OF  
THE STATE OF FLORIDA**

**ADMINISTRATIVE ORDER A-2005-02-B**

**SECOND AMENDED ADMINISTRATIVE ORDER ESTABLISHING  
PROCEDURE FOR CONSIDERATION AND DISPOSITION OF  
REQUESTS FOR DEFENDANTS TO BE DECLARED INDIGENT  
FOR DUE PROCESS COSTS ONLY**

**WHEREAS**, there are certain circumstances wherein privately retained counsel request that the court declare their client indigent for due process costs only; and

**WHEREAS**, it has been determined that under such circumstances counsel must provide sufficient written information for the court's consideration;

**NOW, THEREFORE**, pursuant to the authority vested in me as Chief Judge of the Fifth Judicial Circuit of Florida, it is hereby ORDERED that the following procedures are established for the court's consideration and declaration that their clients are indigent for costs only:

1. Privately retained counsel must submit a written motion to be heard on calendar (not ex-parte), that includes the following information:
  - a. Clarification as to whether the legal services are being provided pro-bono or being paid for by the client or a third party (without disclosing the name of the third party);
  - b. If the legal services are being paid for by the client or a third party, the amount of attorney's fee;
  - c. The justification for such fee;

*DBM/JM*

- d. Specific due process services to be obtained;
- e. The costs for such services;
- f. The justification of the cost for these services;
- g. An "*Application for Criminal Indigent Status*," as approved and updated by the Florida Supreme Court. (May 1, 2019, version of Form 3.984 is attached hereto as Exhibit 1)
- h. Certificate of Service indicating that copies of the motion were provided to all attorneys of record, including State Attorney, Justice Administrative Commission, and the Trial Court Administrator for the Fifth Judicial Circuit.

2. Upon hearing argument of counsel, the court's order must include: (An example is attached hereto as exhibit 2).

- a. Whether or not the defendant is indigent for due process costs only;
- b. That the privately retained counsel is providing the legal services pro bono or that the legal fees are being paid for by the defendant or a third party (without disclosing the name of the third party);
- c. Specific amount of due process costs approved;
- d. That counsel must abide by the limits established by Fifth Judicial Circuit Administrative Order A-2021-5 *Administrative Order Regarding Rates of Compensation for Court Appointed Attorneys; Due Process Costs; Expert Fee Guidelines for Indigent Cases; and Rescinding Administrative Order Number A-2017-23*, or any amendment thereof, or other administrative order superseding, supplementing, or replacing A-2021-5. Counsel is not prohibited from monitoring the Court fees that exceed the established limits.

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- e. Copies must be furnished to all attorneys of record, including the State Attorney, the Justice Administrative Commission, the Trial Court Administrator of the Fifth Judicial Circuit, and the court file.

DONE AND ORDERED in Chambers at Brooksville, Hernando County, Florida, this 11<sup>th</sup> day of March 2026.

A handwritten signature in black ink, reading "Daniel B. Merritt, Jr.", written over a horizontal line.

DANIEL B. MERRITT, JR.  
CHIEF JUDGE  
FIFTH JUDICIAL CIRCUIT

STATE OF FLORIDA vs. \_\_\_\_\_

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 \$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.

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: (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No.")

Social Security benefits .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Veterans' benefit.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment compensation .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Child support or other regular support from	
Union funds.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	family members/spouse.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Workers compensation .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Rental income.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement/pensions.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Dividends or interest.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Trusts or gifts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Other kinds of income not on the list	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

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

Cash .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Savings.....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Bank account(s).....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Stocks/bonds .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Certificates of deposit or		*Equity in homestead real estate .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
money market accounts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	*Equity in non-homestead real estate	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
*Equity in motor vehicles .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		
*Equity in boats/other tangible property	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		

\*include expectancy of an interest in such property

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

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

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

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.

Signed on \_\_\_\_\_

Year of Birth \_\_\_\_\_

Last four digits of Driver's License or ID Number \_\_\_\_\_

Signature of applicant for indigent status \_\_\_\_\_

Print full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CLERK DETERMINATION**

\_\_\_\_\_ Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent

\_\_\_\_\_ 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, by Deputy Clerk

This form was completed with the assistance of:

\_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person

**APPLICANTS 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. \_\_\_\_\_

IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA vs. / IN THE INTEREST OF:

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Defendant / Minor Child(ren).

**ORDER ON DEFENDANT'S MOTION TO BE DECLARED INDIGENT FOR DUE PROCESS COSTS**

This matter comes before the Court in accordance with Administrative Order A-2005-2-B on the written motion of the defendant to be declared indigent for due process costs, and the Court having heard argument of counsel and being otherwise advised in the premises, **FINDS** that:

- a. Counsel for the defendant is \_\_\_\_\_ and is privately retained.  
 Counsel is providing the legal services *pro bono*,  A third party is paying for the legal services.  
 Defendant is paying for the legal services.
- b. The defendant  filed  did not file the approved Application for Criminal Indigent Status.
- c. Counsel  provided  did not provide a copy of the motion to the State Attorney, Justice Administrative Commission, Administrative Office of the Courts, and the co-defendant(s), if any.
- d. The defendant  justified  did not justify the fee for said legal services.
- e. The defendant requested due process costs for:  court reporter  deposition(s)  
 subpoena(s)  investigator(s)  expert(s)  appeal  other: \_\_\_\_\_.
- f. The defendant requested due process costs in the amount of \$ \_\_\_\_\_.
- g. The defendant justified due process costs in the amount of \$ \_\_\_\_\_.
- h. The defendant  is  is not indigent for due process costs.
- i. The defendant's motion  complies  does not comply with Administrative Order A-2005-2-B.

Therefore, it is **ORDERED** that:

Defendant's motion is:  GRANTED  DENIED.

The due process costs and amounts approved are:  court reporter \$ \_\_\_\_\_,  deposition(s) \$ \_\_\_\_\_.

subpoena(s) \$ \_\_\_\_\_,  investigator(s) \$ \_\_\_\_\_,  appeal \$ \_\_\_\_\_.

expert(s) \$ \_\_\_\_\_,  other \$ \_\_\_\_\_. The due process costs shall not exceed \$ \_\_\_\_\_.

Counsel shall utilize approved due process providers on the registry of the Fifth Judicial Circuit's website, [circuit5.org](http://circuit5.org).

**DONE AND ORDERED** in \_\_\_\_\_ County, Florida this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Circuit / County Judge

IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

**CERTIFICATE OF SERVICE**

I **HEARBY CERTIFY** that a copy hereof has been has been furnished to the following on the \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_, by  hand delivered,  e-filed,  emailed,  mailed to:

\_\_\_\_\_

Other party/parties or their attorney(s):

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es) \_\_\_\_\_

\_\_\_\_\_