

**IN THE CIRCUIT COURT OF THE TWELTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA**

**STATE OF FLORIDA
Plaintiff**

v.

Case No.: _____

Defendant

**DEFENDANT'S MOTION FOR DETERMINATION OF
PARTIAL INDIGENCY FOR COSTS**

COMES NOW, the Defendant, _____, by and through his undersigned attorney, and files this Motion for Determination of Partial Indigency for Costs and says:

- 1. The Defendant is charged with _____.**
- 2. The Defendant does not have sufficient funds to pay for the costs associated with his defense. The Defendant is incarcerated and his parents paid the attorney fees associated with these charges.**
- 3. The Defendant suffers from a diagnosed _____ and his most recent employment was as a _____.**
- 4. The anticipated costs at this time include the service of subpoenas, investigative costs and transcripts should the case proceed to trial.**
- 5. The Clerk of Court has already declared the Defendant indigent. (see attached determination)**

WHEREFORE, the Defendant requests this Honorable Court grant this request and find the Defendant indigent for purposes of costs.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished by US mail to the office of the State Attorney and to the Justice Administrative Commission, P.O. Box 1654, Tallahassee, FL 32302, on this _____ day of _____, 200__.

Attorney for Defendant

**MODIFY AS NECESSARY,
MOTION AND ORDER PREPARED COURTESY OF COLLEEN GLENN, ESQ.**