

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, STATE OF FLORIDA
CRIMINAL DIVISION**

STATE OF FLORIDA

CASE NO: 18-09851-CF

v.

**MICHAEL DREJKA
DEFENDANT,**

**MOTION TO DECLARE DEFENDANT INDIGENT FOR DUE PROCESS COSTS
AND MOTION TO INCUR AND PAY COSTS**

COMES NOW the Defendant, by and through the undersigned counsel, and pursuant to Florida Statute section 27.52 and Sixth Judicial Circuit Administrative Order No. S-2005-079, and files this Motion to Declare Defendant Indigent for Due Process Costs and to Incur and Pay Costs, at public expense, and as reasons therefore and in support thereof states as follows:

1. The Defendant is indigent as evidenced by the attached Florida Supreme Court approved *Application for Criminal Indigent Status* is attached hereto as **Exhibit A**.
2. The Defendant is indigent and is without further funds and does not have the ability to pay the due process cost (including, but not limited to the costs of depositions, transcripts, and investigative fees, service of subpoenas, witness fees, court reporter fees, and competency evaluations) associated with the defense of this matter, and to aid in the discovery phase of this matter as contemplated by Florida Rules of Criminal Procedure 3.220 *et seq.* As such, Defendant requires the assistance of this Court to guarantee protection of all rights to due process under the law and effective assistance of counsel.

3. This Defendant currently is *incarcerated* and cannot afford to pay for due process cost. See *Indigent for Cost Affidavit of Attorney's Fees* attached hereto as **Exhibit B**.
4. The Undersigned has conducted a reasonable investigation into the accuracy of the Defendant's Affidavit of Indigence and has determined that the Affidavit is accurate and truthful.

WHEREFORE the Defendant moves this Honorable Court to enter an Order permitting undersigned counsel to incur due process costs in the above-styled case, and for the Judicial Administration Commission to pay such costs, consistent with the Florida Statute section 27.52 and Sixth Judicial Circuit Administrative Order No. 5-2004-098.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and accurate copy of the foregoing has been furnished by Electronic Delivery, on Office of the State Attorney, Justice Administrative Commission, this 25th day of September, 2018.



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IN THE CIRCUIT

JUDICIAL CIRCUIT
7, FLORIDA

CASE NO. 18-09851-CF

STATE OF FLORIDA vs
Michael Dreyka
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.

- I have 0 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 \$ 0 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 \$ _____	No <input checked="" type="radio"/>	Veterans' benefit..... Yes \$ _____	No <input checked="" type="radio"/>
Unemployment compensation..... Yes \$ _____	No <input checked="" type="radio"/>	Child support or other regular support from family members/spouse..... Yes \$ _____	No <input checked="" type="radio"/>
Union Funds..... Yes \$ _____	No <input checked="" type="radio"/>	Rental Income..... Yes \$ _____	No <input checked="" type="radio"/>
Workers compensation..... Yes \$ _____	No <input checked="" type="radio"/>	Dividends or interest..... Yes \$ _____	No <input checked="" type="radio"/>
Retirement/pensions..... Yes \$ _____	No <input checked="" type="radio"/>	Other kinds of income not on the list..... Yes \$ _____	No <input checked="" type="radio"/>
Trusts or gifts..... Yes \$ _____	No <input checked="" type="radio"/>		
- I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No." Use the back of this form to provide additional information.)

Cash..... Yes \$ <u>no account</u>	No <input checked="" type="radio"/>	Savings..... Yes \$ _____	No <input checked="" type="radio"/>
Bank account(s)..... Yes \$ <u>none</u>	No <input checked="" type="radio"/>	Stocks/bonds..... Yes \$ _____	No <input checked="" type="radio"/>
Certificates of deposit or money market accounts..... Yes \$ _____	No <input checked="" type="radio"/>	*Equity in Real estate (excluding homestead) Yes \$ _____	No <input checked="" type="radio"/>
*Equity in Motor Vehicles/Boats/Other tangible property..... Yes \$ _____	No <input checked="" type="radio"/>	*Equity means value minus loans. Also list any expectancy in an interest in such property.	

List the address of this property:
Address _____
City, State, Zip _____
County of Residence _____

- I have a total amount of liabilities and debts in the amount of \$ 10K
- I receive: (Circle "Yes" or "No")

Temporary Assistance for Needy Families-Cash Assistance.....	<input checked="" type="radio"/> Yes	<input checked="" type="checkbox"/> No
Poverty-related veterans' benefits.....	<input type="radio"/> Yes	<input checked="" type="checkbox"/> No
Supplemental Security Income (SSI).....	<input type="radio"/> Yes	<input checked="" 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 to the best of my knowledge.

Signed this 17 day of August, 2018

M.A. Dreyka
Signature of Applicant for Indigent Status
Print Full Legal Name Michael Dreyka
Address 116 Orange St.
City, State, Zip Clearwater, FL 33755
Phone number n/a

Date of Birth 8/5/70
Driver's license or ID number DL20540702850

CLERK'S 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 17th day of Aug, 2018

KEN BURKE
CLERK OF CIRCUIT COURT

Angela L. [Signature]
Clerk of the Circuit Court
Clerk/Deputy Clerk/Other authorized person.

This form was completed with the assistance of 9:45 AM 17 AUG 2018

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 6th JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO. 18-09851-CF

vs.

MICHAEL DREJKA
Defendant

INDIGENT FOR COSTS AFFIDAVIT OF ATTORNEY'S FEES
Pursuant to §27.52(5), Florida Statutes.

I Michael Drejka (print name), am represented
by Bryant B. Camarero (name of attorney) in
the above entitled action. The estimated amount of fees for the attorney named above
in this case is Zero dollars
(\$ 0). The fees paid or to be paid to the attorney were or are being paid by:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

No other compensation, things of value or funds have been paid or are anticipated to be
paid in the future to the attorney in this case from any other person or source. The
attorney represents me in other cases as follows:

Case No: _____ Fee: \$ _____
Case No: _____ Fee: \$ _____
Other information: Pro Bono

Under penalty of perjury, I declare that I have read the foregoing Indigent for
Costs Affidavit of Attorney's Fees and that the facts stated in it are true.

Dated: 9/24/18

[Signature]
Signature