

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff,

CASE NO 05-2015-CF-039871-AXXX-XX

DANA LYNN LOYD,
Defendant,

MOTION FOR APPOINTMENT OF APPELLATE COUNSEL

COMES NOW Defendant, DANA LYNN LOYD, does hereby request this Honorable Court appoint Appellate Counsel, so that she can further litigate the Court's recent ORDER DENYING DEFENDANT'S AMENDED MOTION FOR POST-CONVICTION RELIEF.

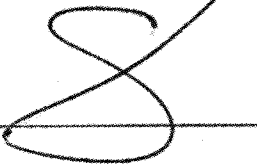
These appellate matters, have overlapping complexities, that require the legal representation of an attorney.

On February 12, 2018, the Clerk of Court verified the Defendant's indigent status as noted within document # 246 of the Clerk's records.

On February 12, 2018, this Honorable Court granted the Defendant the appointment of Counsel, as noted with document # 249 of the Clerk's records.

The Defendant shall filed with the Clerk, an updated Application For Criminal Indigent Status, if the Court so deems it necessary.

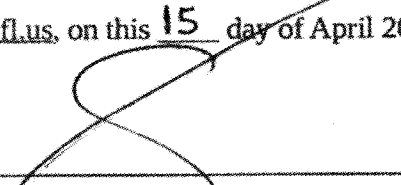
WHEREFORE, Defendant, DANA LYNN LOYD, respectfully requests that this Honorable Court grant her MOTION FOR THE APPOINTMENT OF APPELLATE COUNSEL.



Dana Delaney Loyd, Defendant
497 Louis Drive
Cocoa, Florida 32926

CERTIFICATE OF SERVICE

I, DANA DELANEY LOYD, HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the Office of the State Attorney located at 2725 Judge Fran Jamieson Way, Viera, Florida, OR by e-service delivery (e-portal) at brevfelony@sa18.org, brevfelony@sa18.state.fl.us, on this 15 day of April 2020.



Dana Delaney Loyd, Defendant
497 Louis Drive
Cocoa, Florida 32926

IN THE CIRCUIT/COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA vs

DANA LYNN LOYD

Defendant/Minor Child

CASE NO. 05-2015- CF - 39871 - A XXX-XX

APPLICATION FOR CRIMINAL/JUVENILE 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 child or tax-dependent adult, the information contained in this application must include your income and assets.

- I have 2 dependents. (Do not include children not living at home and do not include a working spouse or yourself)
- I have 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="checkbox"/>	Veterans' benefit.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Unemployment compensation.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Child support or other regular support from family members/spouse.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Union funds.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Rental income.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Worker's compensation.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Dividends or interest.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Retirement/pensions.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Other kinds of income not on the list.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Trusts or gifts.....	Yes \$ _____	No <input checked="" type="checkbox"/>			

- I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No.")

Cash.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Savings.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Bank account(s).....	Yes \$ _____	No <input checked="" type="checkbox"/>	Stocks/bonds.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Certificates of deposit or money market accounts.....	Yes \$ _____	No <input checked="" type="checkbox"/>	* Equity in homestead real estate.....	Yes \$ _____	No <input checked="" type="checkbox"/>
* Equity in motor vehicles.....	Yes \$ <u>1,500</u>	No <input checked="" type="checkbox"/>	* Equity in non-homestead real estate.....	Yes \$ _____	No <input checked="" type="checkbox"/>
* Equity in boats/other tangible property.....	Yes \$ _____	No <input checked="" type="checkbox"/>			

- I have a total amount of liabilities and debts in the amount of \$ 412,000+
- I receive: (Circle "Yes" or "No.")

Temporary Assistance for Needy Families-Cash Assistance.....	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Poverty-related veterans' benefits.....	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Supplemental Security Income (SSI).....	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- I have been released on bail in the amount of \$ _____ (Cash) (Surety)

Posted by: (<input type="checkbox"/> Self) (<input type="checkbox"/> Family) (<input type="checkbox"/> Other)	
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FILED IN OPEN COURT
This 12 day of FEBRUARY 20 18 at 9:00
CLERK OF COURT
BY [Signature]

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 this 12 day of Feb 20 18
Print full legal name: DANA LYNN LOYD Dana Delaney Loyd
Address: 1794 ES-MAE DR.
City, State, Zip: Rockledge FL 321.541.7964
Phone number: 321.541.7964
E-mail Address: Dana.delaney14@gmail.com

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 12 day of Feb 20 18
This form was completed with the assistance of [Signature] Deputy Clerk for Scott Ellis, Clerk of Courts
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.
LAW 921 (Rev. 11/13/2017) Original - File Defendant / Parent Regional Counsel or Public Defender

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28446816*

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA

STATE OF FLORIDA

vs.

DANA LYNN LOYD

Case Number: 05-2015-CF-039871-AXXX-XX

Filed in Open Court on February 12, 2018 9:17 am.
C. Benish, Deputy Clerk



28448767

ORDER RE: INDIGENT STATUS

The Court based on the Determination of Indigent Status and having considered the findings of the Clerk, issues the following ruling:

The applicant is determined to be indigent and the Public Defender is Ordered to continue representation of the defendant.

DONE AND ORDERED in Brevard County, Florida, on February 12, 2018.


ROBIN C. LEMONIDIS, Circuit Judge

CERTIFICATE OF SERVICE

I certify that the foregoing document has been furnished to:
Defendant DANA LYNN LOYD, 1294 ESTRIDGE DR, ROCKLEDGE, FL 329552312
The Public Defender
by (e-mail) (delivery) (mail) (fax) on February 12, 2018.

Clerk of Court

By: C. Benish
Deputy Clerk
Clerk of Court