

**IN THE CIRCUIT/COUNTY COURT OF THE ----- JUDICIAL CIRCUIT
IN AND FOR ----- COUNTY, FLORIDA**

CASE NO. _____

Plaintiff/Petitioner or In the Interest Of
vs.

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married? Yes No Does your Spouse Work?...Yes No Annual Spouse Income? \$ _____

2. I have a net income of \$ _____ paid weekly every two weeks semi-monthly monthly yearly other _____
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid weekly every two weeks semi-monthly monthly yearly other _____
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

| | | | | | |
|---------------------------------|--------------|----------|---|--------------|----------|
| Second Job | Yes \$ _____ | No _____ | Veterans' benefits | Yes \$ _____ | No _____ |
| Social Security benefits | | | Workers compensation | Yes \$ _____ | No _____ |
| For you | Yes \$ _____ | No _____ | Income from absent family members | Yes \$ _____ | No _____ |
| For child(ren) | Yes \$ _____ | No _____ | Stocks/bonds | Yes \$ _____ | No _____ |
| Unemployment compensation | Yes \$ _____ | No _____ | Rental income | Yes \$ _____ | No _____ |
| Union payments | Yes \$ _____ | No _____ | Dividends or interest | Yes \$ _____ | No _____ |
| Retirement/pensions | Yes \$ _____ | No _____ | Other kinds of income not on the list | Yes \$ _____ | No _____ |
| Trusts | Yes \$ _____ | No _____ | Gifts | Yes \$ _____ | No _____ |

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

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

| | | | | | |
|--|--------------|----------|--|--------------|----------|
| Cash | Yes \$ _____ | No _____ | Savings account | Yes \$ _____ | No _____ |
| Bank account(s) | Yes \$ _____ | No _____ | Stocks/bonds | Yes \$ _____ | No _____ |
| Certificates of deposit or money market accounts | Yes \$ _____ | No _____ | Homestead Real Property* | Yes \$ _____ | No _____ |
| Boats* | Yes \$ _____ | No _____ | Motor Vehicle* | Yes \$ _____ | No _____ |
| | | | Non-homestead real property/real estate* | Yes \$ _____ | No _____ |

*show loans on these assets in paragraph 5

Check one: I DO DO NOT expect to receive more assets in the near future. The asset is _____.

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ _____.

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, 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 _____ day of _____, 20____.

Date of Birth Driver's License or ID Number

Signature of Applicant for Indigent Status
Print Full Legal Name _____
Phone Number: _____

Address, P O Address, Street, City, State, Zip Code

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20 ____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision _____