

IN THE CIRCUIT/COUNTY COURT OF THE Fifteenth JUDICIAL CIRCUIT  
IN AND FOR ~~PALM BEACH~~ COUNTY, FLORIDA

Elliot Ivan Bernstein

CASE NO. 502014CP003698XX

Plaintiff/Petitioner or in the Interest Of  
vs.  
Tesch & Spallina, P.A. et al.  
Defendant/RespondentAPPLICATION 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 0 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? \$0

2. I have a net income of \$0 paid weekly every two weeks semi-monthly monthly yearly  other  
I am working to pay

(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 <u>Part time</u>	<input checked="" type="checkbox"/> Yes \$ <u>0.00</u>	No	Veterans' benefits.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Social Security benefits	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Workers' compensation.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
For you.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Income from absent family members.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
For child(ren).....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Stocks/bonds.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Unemployment compensation.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Rental income.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Union payments.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Dividends or interest.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Retirement/pensions.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Other kinds of income not on the list.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Trusts.....	<input checked="" type="checkbox"/> Yes \$ <u>unkuown</u>	No	Gifts.....	<input type="checkbox"/> Yes \$ <u>0</u>	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.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Savings account.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Bank account(s).....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Stocks/bonds.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Certificates of deposit or money market accounts.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Homestead Real Property*.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
Boats*.....	<input checked="" type="checkbox"/> Yes \$ <u>0</u>	No	Motor Vehicle*.....	<input type="checkbox"/> Yes \$ <u>0</u>	No
			Non-homestead real property/real estate*.....	<input type="checkbox"/> Yes \$ <u>0</u>	No

\*show loans on these assets in paragraph 5

Check one: I  DO NOT expect to receive more assets in the near future. The asset is inheritance and patent royalties *att's owned*

5. I have total liabilities and debts of \$ 10,000.00 as follows: Motor Vehicle \$ 0, Home \$ 0, Other Real  
Property \$ 0, Child Support paid direct \$ 0, Credit Cards \$ 0, Medical Bills \$ 0, Cost of  
medicines (monthly) \$ 0, Other \$ 10,000.

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. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 4th day of September, 20 14.  
09/30/1963 c6956008  
Date of Birth Driver's License or ID Number

2753 NW 34th St. Boca Raton FL 33434  
Address, P O Address, Street, City, State, Zip Code

Signature of Applicant for Indigent Status  
Print Full Legal Name Elliot Bernstein  
Phone Number: 561-248-8588



**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 6 day of JAN, 2016

*[Handwritten signature]*  
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 \_\_\_\_\_

