

IN THE CIRCUIT/COUNTY COURT OF THE Fifteenth JUDICIAL CIRCUIT  
 IN AND FOR Palm Beach COUNTY, FLORIDA

Eliot Ivan Bernstein

CASE NO. TBD

Plaintiff/Petitioner or In the Interest Of

vs.

Simon Bernstein Estate

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 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 \_\_\_\_\_.

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

5. I have total liabilities and debts of \$ 50,000.00 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 \$ 50,000.

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

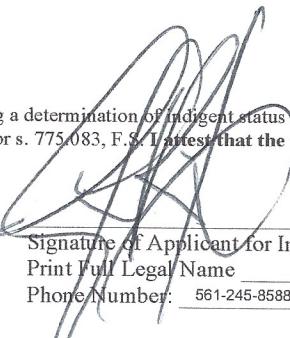
A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 22nd day of May, 20 15.  
09/30/1963 c6956008

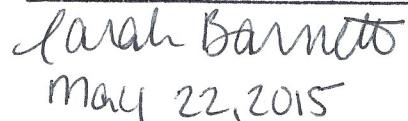
Date of Birth \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_

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 \_\_\_\_\_  
 Phone Number: 561-245-8588



  
 Sarah Barnett  
 May 22, 2015

**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 \_\_\_\_\_