

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 <input checked="" type="radio"/>	Veterans' benefits.....	Yes \$ _____	No <input checked="" type="radio"/>
Social Security benefits			Workers compensation.....	Yes \$ _____	No <input checked="" type="radio"/>
For you.....	Yes \$ _____	No <input checked="" type="radio"/>	Income from absent family members	Yes \$ _____	No <input checked="" type="radio"/>
For child(ren)	Yes \$ _____	No <input checked="" type="radio"/>	Stocks/bonds.....	Yes \$ _____	No <input checked="" type="radio"/>
Unemployment compensation	Yes \$ _____	No <input checked="" type="radio"/>	Rental income.....	Yes \$ _____	No <input checked="" type="radio"/>
Union payments	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	Yes \$ _____	No <input checked="" type="radio"/>	Gifts	Yes \$ _____	No <input checked="" type="radio"/>

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="radio"/> Yes \$ _____	No <input checked="" type="radio"/>	Savings account	<input checked="" type="radio"/> Yes \$ _____	No <input checked="" type="radio"/>
Bank account(s)	<input checked="" type="radio"/> Yes \$ _____	No <input checked="" type="radio"/>	Stocks/bonds	<input checked="" type="radio"/> Yes \$ _____	No <input checked="" type="radio"/>
Certificates of deposit or			Homestead Real Property*	<input checked="" type="radio"/> Yes \$ _____	No <input checked="" type="radio"/>
money market accounts.....	Yes \$ _____	No <input checked="" type="radio"/>	Motor Vehicle*	Yes \$ _____	No <input checked="" type="radio"/>
Boats*	Yes \$ _____	No <input checked="" type="radio"/>	Non-homestead real property/real estate*	Yes \$ _____	No <input checked="" type="radio"/>

*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 _____