

IN THE CIRCUIT/COUNTY COURT OF THE 15th Judicial Circuit
IN AND FOR Palm Beach County, Florida

Eliot Ivan Bernstein

CASE NO. 502012CP004391XX

Plaintiff/Petitioner or In the Interest Of

vs.
Estate of Simon Bernstein et al.

Defendant/Respondent

502015CP001162XXXXNB

502011CP000653XXXXNB

502014CP003698XXXXNB

502012CA013933XXXXMB

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 3 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? \$ 14,400.00

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 \$ _____ No
Social Security benefits
For you Yes \$ _____ No
For child(ren) Yes \$ _____ No
Unemployment compensation Yes \$ _____ No
Union payments Yes \$ _____ No
Retirement/pensions Yes \$ _____ No
Trusts Yes \$ _____ No

Veterans' benefits Yes \$ _____ No
Workers compensation Yes \$ _____ No
Income from absent family members Yes \$ _____ No
Stocks/bonds Yes \$ _____ No
Rental income Yes \$ _____ No
Dividends or interest Yes \$ _____ No
Other kinds of income not on the list 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
Bank account(s) Yes \$ _____ No
Certificates of deposit or
money market accounts Yes \$ _____ No
Boats* Yes \$ _____ No

Savings account Yes \$ _____ No
Stocks/bonds Yes \$ _____ No
Homestead Real Property* 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 Inheritance & Royalties

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 \$ @50k _____.

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 5 day of June, 20 17
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
Printed Full Legal Name Eliot Ivan Bernstein
Phone Number: (561) 245-8588

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 _____ 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 _____

**FOURTH DISTRICT COURT OF APPEAL
1525 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FLORIDA 33401
(561) 242-2000**

Date: _____

Case Name: _____

Case No: 4D _____

Trial Court No.: _____

Trial Court Judge: _____

Dear Mr. Tomasino:

Attached is a certified copy of a Notice to Invoke Discretionary Jurisdiction/Notice of Appeal to the Supreme Court of Florida pursuant to Rule 9.120, Florida Rules of Appellate Procedure. Attached also is this Court's opinion or decision relevant to this case.

The filing fee prescribed by Section 25.241(3), Florida Statutes, was received by this court and will be mailed.

The filing fee prescribed by Section 25.241(3), Florida Statutes, was not received by this court.

Petitioner/Appellant has been previously determined insolvent by the circuit court or our court.

Petitioner/Appellant has already filed, and this court has granted, petitioner/appellant's Motion to proceed without payment of costs in this case.

Petitioner/Appellant filed Notice via EDCA and the fee has not been received by this court.

No filing fee is required in the underlying case in this court because it was:

A Summary Appeal (Rule 9.141)

From the Unemployment Appeals Commission

A Habeas Corpus Proceeding

A Juvenile Case

Other – _____

If there are any questions regarding this matter, please do not hesitate to contact this Office.

Sincerely,

LONN WEISSBLUM
Clerk of the Court

By: _____

Lynn Lewis
Deputy Clerk