

Eliot Bernstein
Plaintiff/Petitioner or In the Interest Of

vs.
Oppenheimer & Co. Inc. et al.
Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for indigence and are unable to pay the costs listed in FS 57.081, you must enroll in the clerk's 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? \$ 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 \$ _____	<input checked="" type="radio"/> No	Veterans' benefits	Yes \$ _____	<input checked="" type="radio"/> No
Social Security benefits			Workers compensation	Yes \$ _____	<input checked="" type="radio"/> No
For you	Yes \$ _____	<input checked="" type="radio"/> No	Income from absent family members	Yes \$ _____	<input checked="" type="radio"/> No
For child(ren)	Yes \$ _____	<input checked="" type="radio"/> No	Stocks/bonds	Yes \$ _____	<input checked="" type="radio"/> No
Unemployment compensation	Yes \$ _____	<input checked="" type="radio"/> No	Rental income	Yes \$ _____	<input checked="" type="radio"/> No
Union payments	Yes \$ _____	<input checked="" type="radio"/> No	Dividends or interest	Yes \$ _____	<input checked="" type="radio"/> No
Retirement/pensions	Yes \$ _____	<input checked="" type="radio"/> No	Other kinds of income not on the list	Yes \$ _____	<input checked="" type="radio"/> No
Trusts	Yes \$ _____	<input checked="" type="radio"/> No	Gifts	Yes \$ _____	<input checked="" type="radio"/> No

I understand that I will be required to make payments for 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 \$ _____	<input checked="" type="radio"/> No	Savings account	Yes \$ _____	<input checked="" type="radio"/> No
Bank account(s)	Yes \$ _____	<input checked="" type="radio"/> No	Stocks/bonds	Yes \$ <u>UA</u>	<input checked="" type="radio"/> No
Certificates of deposit or money market accounts	Yes \$ _____	<input checked="" type="radio"/> No	Homestead Real Property*	Yes \$ _____	<input checked="" type="radio"/> No
Boats*	Yes \$ _____	<input checked="" type="radio"/> No	Motor Vehicle*	Yes \$ _____	<input checked="" type="radio"/> No
show loans on these assets in paragraph 5			Non-homestead real property/real estate	Yes \$ _____	<input checked="" type="radio"/> No
			Other assets*	Yes \$ _____	<input checked="" type="radio"/> No

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

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

6. I have a private lawyer in this case: (Circle "Yes" or "No") 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 30 day of July, 2014.
9/30/14 06956008
Date of Birth Driver's License or ID Number
2753 NW 34th St Boca Raton, FL 33431
Address, P O Address, Street, City, State, Zip Code

[Signature]
Signature of Applicant for Indigent Status
Print Full Legal Name Eliot Ivan Bernstein
Phone Number: 561 245 8588

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

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 _____, Deputy Clerk

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 _____