

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

Eliot Ivan Bernstein
 Plaintiff/Petitioner or In the Interest Of
 vs.
Teschler & Spallina, P.A. et al.
 Defendant/Respondent

CASE NO. 502014CP003698XX

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
 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>Inventor/Resercher</u> 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>unkaown</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 DO NOT expect to receive more assets in the near future. The asset is inheritance and patent royalties

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 \$ _____, Cost of medicines (monthly) \$ _____, Other \$ 10,000.

6. I have a private lawyer in this case..... Yes No 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 4th day of September, 20 14.
09/30/1963 c6956008
 Date of Birth Driver's License or ID Number

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

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

[Handwritten signature of Kelly Gold Frank]



Kelly Gold Frank
 COMMISSION # FF000732
 EXPIRES: MAR. 25, 2017
 WWW.AARONNOTARY.com

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 _____