

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

Eliot Ivan Bernstein et al.

CASE NO. 502014CA014637X

Plaintiff/Petitioner or In the Interest Of

vs.

Theodore Stuart Bernstein - Trustee

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 <input checked="" type="checkbox"/>	Veterans' benefits	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
Social Security benefits			Workers compensation	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
For you	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>	Income from absent family members	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
For child(ren)	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>	Stocks/bonds	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
Unemployment compensation	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>	Rental income	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
Union payments	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>	Dividends or interest	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
Retirement/pensions	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>	Other kinds of income not on the list	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>
Trusts	Yes \$ <u>unknown</u>	No <input checked="" type="checkbox"/>	Gifts	Yes \$ <u>no</u>	No <input checked="" type="checkbox"/>

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

*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 30 day of December, 20 14
 09/30/1963 California DL #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

(Handwritten Signature)
 Signature of Applicant for Indigent Status
 Print Full Legal Name Eliot Ivan Bernstein
 Phone Number: 681-245-8588

2015 JAN - 2 PM 12:19
 HONORARY K. BOCK, CLERK
 PAIM POND COUNTY, FL
 CIVIL 9

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 JAN - 2 2015 day of _____, 2015.

Clerk of the Circuit Court by Christina M. Beahm

Christina M. Beahm

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 _____



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 2 DAY OF January, 2015

SHARON R. BOCK
CLERK & COMPTROLLER

By Christina M. Beahm
DEPUTY CLERK