

**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

502012CP004391XXXX  
502015CP001162XXXX  
502011CP000653XXXX  
502014CP003698XXXX  
502014CP002815XXXX  
502015CP002717XXXX  
502014CA014637XXXX

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