
Plaintiff/Petitioner or In the Interest of
vs.

Defendant//Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

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 _____.
(Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")

- | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Second Job..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Veterans' benefits..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| Social Security benefits For you..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Workers compensation..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| For child(ren)..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Income from absent family members. <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| Unemployment compensation <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Stocks/bonds..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| Union payments..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Rental income..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| Retirement/pensions..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Dividends or interest..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| Trusts..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ | Other kinds of income not on the list. <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____ |
| | Gifts..... <input type="checkbox"/> Yes <input type="checkbox"/> 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:** (Check "yes" and fill in the value of the property, otherwise check "No")
Cash Yes No\$ _____ Savings account..... Yes No\$ _____
Bank account(s)..... Yes No\$ _____ Stocks/bonds..... Yes No\$ _____
Certificates of deposit or Homestead Real Property*..... Yes No\$ _____
Money market accounts. Yes No\$ _____ Motor Vehicle*..... Yes No\$ _____
Boats*..... Yes No\$ _____ Non-homestead real property/real estate* . Yes No\$ _____
Other assets*..... Yes No\$ _____

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 \$ _____, Boat \$ _____, Non-homestead 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 on _____, 20_____.
Year of Birth _____ Last 4 digits of Driver License or ID Number _____
Email address: _____
Signature of Applicant for Indigent Status _____
Print Full Legal Name _____
Phone Number/s: _____

Address: Street, City, State, Zip Code

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 on _____, 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 _____