

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

In the Interest of

CASE NO. _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

(Dependency and Termination of Parental Rights Cases)

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")

(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 | | | | Workers compensation..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| For you..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ | Income from absent family members. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| For child(ren)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ | Stocks/bonds..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| Unemployment compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ | Rental income..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| Union payments..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ | Dividends or interest..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| Retirement/pensions..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ | Other kinds of income not on the list. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$_____ |
| Trusts..... | <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 \$ _____
Bank account(s) Yes No \$ _____
Certificates of deposit or
Money market accounts. Yes No \$ _____
Boats* Yes No \$ _____
Savings account Yes No \$ _____
Stocks/bonds Yes No \$ _____
Homestead Real Property* Yes No \$ _____
Motor Vehicle* 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 .

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'S DETERMINATION

Based on the information in this Application, I

Clerk of the Circuit Court Report to 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.