

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")

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 ..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____	Savings account..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____
Bank account(s)..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____	Stocks/bonds..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____
Certificates of deposit or Money market accounts..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____	Homestead Real Property*..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____
Boats*..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____	Motor Vehicle*..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____
	Non-homestead real property/real estate*..... <input type="checkbox"/> Yes <input type="checkbox"/> No\$ _____
	Other assets*..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_