

\_\_\_\_\_  
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 and are unable to pay the costs listed in s.57.081, F.S., 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	Veterans' benefits.....	Yes \$ _____	No
Social Security benefits			Workers compensation.....	Yes \$ _____	No
For you.....	Yes \$ _____	No	Income from absent family members.....	Yes \$ _____	No
For child(ren).....	Yes \$ _____	No	Stocks/bonds.....	Yes \$ _____	No
Unemployment compensation.....	Yes \$ _____	No	Rental income.....	Yes \$ _____	No
Union payments.....	Yes \$ _____	No	Dividends or interest.....	Yes \$ _____	No
Retirement/Pensions.....	Yes \$ _____	No	Other kinds of income not on the list.....	Yes \$ _____	No
Trusts.....	Yes \$ _____	No	Gifts.....	Yes \$ _____	No

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	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
*Show loans on these assets in paragraph 5			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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant for Indigent Status  
Print Full Legal Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Year of Birth Last four digits of Driver License or ID #

\_\_\_\_\_  
Address, P.O. 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Grant Maloy, Clerk of the Circuit Court and Comptroller  
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. \_\_\_\_\_