

CASE NO:

\_\_\_\_\_  
Plaintiff/Petitioner or In the Interest of

vs.

\_\_\_\_\_  
Defendant/Respondent

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s.775.082, F.S. or s. 775.083, F.S. **I attest that the information 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

**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. (Do not include children not living at home and do not include a working spouse or yourself.)
- 2. My take home pay is \$ \_\_\_\_\_ paid  weekly  every two weeks  semi-monthly  monthly  yearly  other  
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.
- 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")

Social Security benefits	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Unemployment compensation	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Regular support from absent family members	<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 income not on the list	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Veterans' benefits	<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 | Bank/Savings account          | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Car/Motor vehicle*             | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Stocks/bonds/cert. of deposit | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Money market accounts          | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Homestead real estate         | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Boats/other tangible property* | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Non-homestead 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 and value is

5. I have total liabilities and debts for \$ \_\_\_\_\_. I have loan balances on assets in paragraph 4:  
Car/Motor Vehicle \$ \_\_\_\_\_; Homestead \$ \_\_\_\_\_; Non-homestead real estate \$ \_\_\_\_\_; Boat \$ \_\_\_\_\_  
Other tangible property (identify here) \_\_\_\_\_ and loan balance \$ \_\_\_\_\_

**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