

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

Plaintiff/Petitioner or In the Interest Of
vs.

CASE NO.

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence 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 ..... Yes \$ ..... No 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

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 \$,
Other 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.

Year of Birth Driver's License or ID Number

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

Address, P O Address, Street, City, State, Zip Code

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. Clerk of the Circuit Court by

This form was completed with the assistance of:
Clerk/Deputy Clerk/Other authorized person.

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