**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

**IN AND FOR BREVARD COUNTY, FLORIDA**

**CASE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN RE: THE GUARDIAN ADVOCACY OF**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Name of Person with a Developmental Disability***

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

***(Form F)***

**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 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 §57.082, Fla. Stat. commits a misdemeanor of the first degree, punishable as provided in §775.082, Fla. Stat. or §775.083, Fla. Stat. **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

Date of Birth Driver’s License or ID Number 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 §57.082, Fla. Stat.

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_.

Clerk of the Circuit Court by

This form was completed with the assistance of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Clerk for Scott Ellis, Clerk of Courts

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_