

IN THE CIRCUIT/COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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 \_\_\_\_\_,

\_\_\_\_\_  
Signature of Applicant for Indigent Status

Year of Birth \_\_\_\_\_ Last 4 digits of Driver License or ID Number \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Email address: \_\_\_\_\_

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  |
| Union payments..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No            | absent family members..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No        |
| Retirement/pensions..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No       | Rental income..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                |
| Trusts..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                    | Dividends or interest..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No        |
| Veterans' benefits..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No        | Other income not on the list..... <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 |
| *show loans on these assets in paragraph 5  | 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 in the amount of \$ \_\_\_\_\_.** 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

\_\_\_\_\_