

\_\_\_\_\_  
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\_\_\_\_\_.

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

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

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 kinds of 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/Certificates 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:**  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 \_\_\_\_\_