IN THE CIRCUIT/COUNTY COURT OF THE _____ 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

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.** *(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 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 ☐				
				Other assets*	☐	Yes $_____	No ☐				

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 $_____, Boat $_____, Non-homestead 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 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

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

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 _____