

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST LUCIE 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.

This application is being filed: on behalf of the petitioner, on behalf of the ward, or Other – Non-Indigent.

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

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 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: 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 _____