

STATE OF FLORIDA
COMMISSION ON HUMAN RELATIONS

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 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 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 this _____ day of _____, 20____.

Date of Birth Driver's License or ID Number

Signature of Applicant for Indigent Status
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 s. 57.082, F.S.

Dated this _____ day of _____, 20 _____.

Clerk of the Commission _____

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY THE CHAIR OF THE COMMISSION.

THERE IS NO FEE FOR THIS REVIEW.

Sign here if you want the Chair of the Commission to review the clerk's decision _____