

State of Florida
Division of Administrative
Hearing

Harriet P. Green
Plaintiff/Petitioner or in the Interest of
vs.
Richman Property Service, INC.
Defendant/Respondent

CASE NO. 09-0035
29-92774
04-08-16438

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.

- I have 0 dependents. (Do not include children not living at home and do not include a working spouse or yourself)
- I have a take home income of \$ 0 paid () weekly () bi-weekly () semi-monthly () monthly () yearly
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)
- I have other income paid () weekly () bi-weekly () semi-monthly () monthly () yearly: (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Social Security benefits..... Yes \$ <u>669.00</u> No <input type="checkbox"/>	Veterans' benefits Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Unemployment compensation Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Child support or other regular support from family members/spouse... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Union Funds..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Rental income..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Workers compensation Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Dividends or interest..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Retirement/pensions..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Other kinds of income not on the list..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Trusts or gifts... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	
- I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Savings Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Bank account(s)..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	Stocks/bonds..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
Certificates of deposit or money market accounts..... Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	*Equity in Real estate (excluding homestead) Yes \$ <u>0</u> No <input checked="" type="checkbox"/>
*Equity in Motor vehicles/Boats/ Other tangible property Yes \$ <u>0</u> No <input checked="" type="checkbox"/>	*include expectancy of an interest in such property
- I have a total amount of liabilities and debts in the amount of \$ 1,683.00.
- 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, P.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.

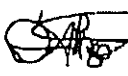
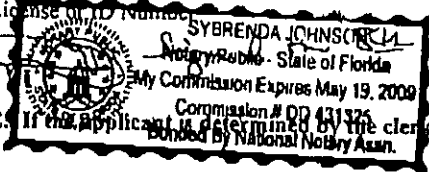
Signed this 8 day of March, 2009

018159

Date of Birth

5708081

Drivers License or ID Number

Harriet P. Green

Signature of Applicant for Indigent Status

Print Full Legal Name Harriet P. Green

6085 Queensborough Avenue Orlando, FL 32835

Address, P.O. Address, Street, City, State, Zip Code

Phone Number: (407) 914-7677

NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review by filing a petition with the court.

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, P.S.

Dated this _____ day of _____, 20__

Clerk of the Circuit court

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

Final approval by The Florida Supreme Court on June 30, 2005

No. 9904 P. 2/2

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