

STATE OF FLORIDA
COMMISSION ON HUMAN RELATIONS

JENNIFER M. Foster - Garvey
Plaintiff/Petitioner or In the Interest Of
vs. McDonald's BAM-B Enterprises
Defendant/Respondent

CASE NO. 2016-00710
16-6982
2016-00710

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 0 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? \$ 0

2. I have a net income of \$ 735.00 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 0
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

| | | | | | |
|--------------------------------|----------------------------|-------------|--|--------------|-------------|
| Second Job..... | Yes \$ _____ | <u>(No)</u> | Veterans' benefits..... | Yes \$ _____ | <u>(No)</u> |
| Social Security benefits | Yes \$ _____ | <u>(No)</u> | Workers compensation..... | Yes \$ _____ | <u>(No)</u> |
| For you..... | <u>(Yes)</u> <u>735.00</u> | <u>(No)</u> | Income from absent family members..... | Yes \$ _____ | <u>(No)</u> |
| For child(ren)..... | Yes \$ _____ | <u>(No)</u> | Stocks/bonds..... | Yes \$ _____ | <u>(No)</u> |
| Unemployment compensation..... | Yes \$ _____ | <u>(No)</u> | Rental income..... | Yes \$ _____ | <u>(No)</u> |
| Union payments..... | Yes \$ _____ | <u>(No)</u> | Dividends or interest..... | Yes \$ _____ | <u>(No)</u> |
| Retirement/pensions..... | Yes \$ _____ | <u>(No)</u> | Other kinds of income not on the list..... | Yes \$ _____ | <u>(No)</u> |
| Trusts..... | Yes \$ _____ | <u>(No)</u> | Gifts..... | Yes \$ _____ | <u>(No)</u> |

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 \$ _____ | <u>(No)</u> | Savings account..... | Yes \$ _____ | <u>(No)</u> |
| Bank account(s)..... | Yes \$ _____ | <u>(No)</u> | Stocks/bonds..... | Yes \$ _____ | <u>(No)</u> |
| Certificates of deposit or money market accounts..... | Yes \$ _____ | <u>(No)</u> | Homestead Real Property*..... | Yes \$ _____ | <u>(No)</u> |
| Boats*..... | Yes \$ _____ | <u>(No)</u> | Motor Vehicle*..... | Yes \$ _____ | <u>(No)</u> |
| | | | Non-homestead real property/real estate*..... | Yes \$ _____ | <u>(No)</u> |

*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 \$ 0 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 30th day of August, 2017
11-04-1950 P236-433-50-904-0
Date of Birth Driver's License or ID Number

Jennifer Foster
Signature of Applicant for Indigent Status
Print Full Legal Name JENNIFER Foster - Garvey
Phone Number: _____

7466 Radiant Circle Orl. FL 32810
Address, P O Address, Street, City, State, Zip Code

RECEIVED, 10/4/2017 11:16 AM, Joanne P. Simmons, Fifth District Court of Appeal

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 14 day of Sept., 20 17.

Clerk of the Commission Tommy Barton

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 _____

Florida Commission on Human Relations
Certified Copy
Date: Sept. 14, 2017
By: Tommy Barton
Agency Clerk

