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STATE OF FLORIDA  
COMMISSION ON HUMAN RELATIONS

Robin Boney  
Plaintiff/Petitioner or in the Interest Of

CASE NO. SD17-3241

vs. Orange County Service Unit, Orange County Classroom Teachers Association, and Orange Education Support Professional Association  
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 1 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? \$ N/A

2. I have a net income of \$26,820.24 paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other  
Do not get paid for days not worked  
(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 N/A  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job .....	Yes \$	<input checked="" type="radio"/> No	Veterans' benefits .....	Yes \$	<input checked="" type="radio"/> No
Social Security benefits			Workers compensation.....	Yes \$	<input checked="" type="radio"/> No
For you .....	Yes \$	<input checked="" type="radio"/> No	Income from absent family members.....	Yes \$	<input checked="" type="radio"/> No
For child(ren) .....	Yes \$	<input checked="" type="radio"/> No	Stocks/bonds .....	Yes \$	<input checked="" type="radio"/> No
Unemployment compensation.....	Yes \$	<input checked="" type="radio"/> No	Rental income .....	Yes \$	<input checked="" type="radio"/> No
Union payments.....	Yes \$	<input checked="" type="radio"/> No	Dividends or interest .....	Yes \$	<input checked="" type="radio"/> No
Retirement/pensions.....	Yes \$	<input checked="" type="radio"/> No	Other kinds of income not on the list .....	Yes \$	<input checked="" type="radio"/> No
Trusts .....	Yes \$	<input checked="" type="radio"/> No	Gifts .....	Yes \$	<input checked="" type="radio"/> 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 \$	<u>40.00</u>	No	Savings account.....	Yes \$	<u>25.00</u>	No
Bank account(s) <u>Checking</u> .....	Yes \$	<u>100.00</u>	No	Stocks/bonds .....	Yes \$	<u>0</u>	No
Certificates of deposit or money market accounts.....	Yes \$	<input checked="" type="radio"/> No	No	Homestead Real Property*	Yes \$	<u>25,000</u>	No
Boats*.....	Yes \$	<input checked="" type="radio"/> No	No	Motor Vehicle*	Yes \$	<u>15,000.00</u>	No
				Non-homestead real property/real estate*	Yes \$	<u>0</u>	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 \$13,711 as follows: Motor Vehicle \$46.00, Home \$ 250, Other Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ \_\_\_\_\_, Medical Bills \$ \_\_\_\_\_, Cost of medicines (monthly) \$ \_\_\_\_\_, Other \$600.00 son's tuition

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 \_\_\_\_\_

Address, P O Address, Street, City, State, Zip Code \_\_\_\_\_

Robin Boney  
Signature of Applicant for Indigent Status  
Print Full Legal Name Robin Boney  
Phone Number: 407 462-6420

RECEIVED, 11/9/2017 3:06 PM, 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 (X) Not Indigent, according to s. 57.082, F.S.

Dated this 9 day of Nov., 20 17.

Clerk of the Commission Tammy 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 \_\_\_\_\_



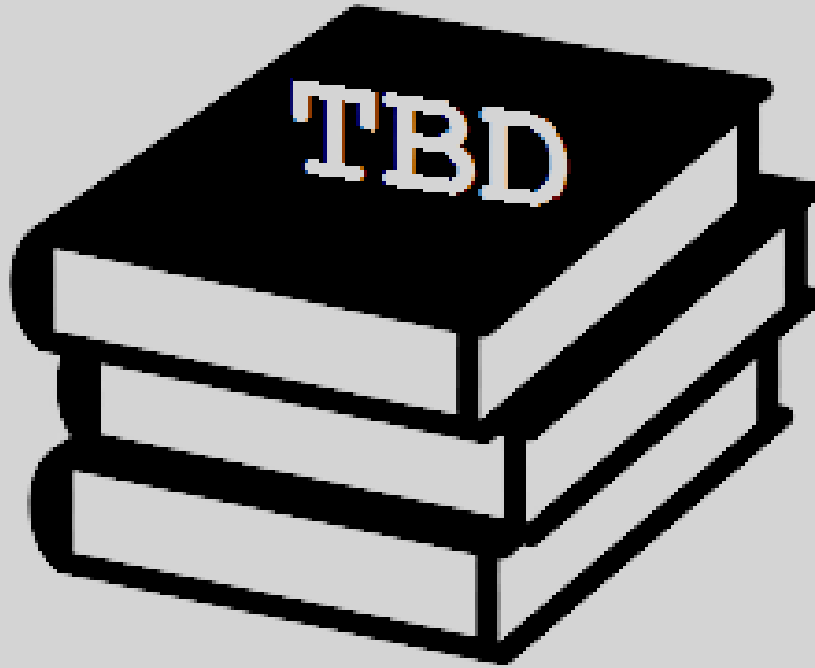
Florida Commission on Human Relations  
Certified Copy

Date: Nov. 9, 2017  
By: Tammy Barton  
Agency Clerk

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