

STATE OF FLORIDA
COMMISSION ON HUMAN RELATIONS

SCARLETT RABALAIS

CASE NO. 20-1705

Plaintiff/Petitioner or in the interest of

vs SALT SPRINGS RESORT ASS AND BOSS HART PROPERTY MANAGEMENT
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 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? \$ _____

2. I have a net income of \$ 803.00 paid weekly every two weeks semi-monthly monthly yearly other
SS + SSI

(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 <input type="checkbox"/>	Veterans' benefits	Yes \$ _____	No <input type="checkbox"/>
Social Security benefits	Yes \$ _____	No <input type="checkbox"/>	Workers compensation	Yes \$ _____	No <input type="checkbox"/>
For you	Yes \$ <u>604</u>	No <input type="checkbox"/>	Income from absent family members	Yes \$ _____	No <input type="checkbox"/>
For child(ren)	Yes \$ <u>199</u>	No <input type="checkbox"/>	Stocks/bonds	Yes \$ _____	No <input type="checkbox"/>
Unemployment compensation	Yes \$ _____	No <input type="checkbox"/>	Rental income	Yes \$ _____	No <input type="checkbox"/>
Union payments	Yes \$ _____	No <input type="checkbox"/>	Dividends or interest	Yes \$ _____	No <input type="checkbox"/>
Retirement/pensions	Yes \$ _____	No <input type="checkbox"/>	Other kinds of income not on the list	Yes \$ _____	No <input type="checkbox"/>
Trusts	Yes \$ _____	No <input type="checkbox"/>	Gifts	Yes \$ _____	No <input type="checkbox"/>

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>6.00</u>	No <input type="checkbox"/>	Savings account	Yes \$ _____	No <input checked="" type="checkbox"/>
Bank account(s)	Yes \$ <u>-300</u>	No <input type="checkbox"/>	Stocks/bonds	Yes \$ _____	No <input checked="" type="checkbox"/>
Certificates of deposit or money market accounts	Yes \$ _____	No <input checked="" type="checkbox"/>	Homestead Real Property*	Yes \$ _____	No <input checked="" type="checkbox"/>
Boats*	Yes \$ _____	No <input checked="" type="checkbox"/>	Motor Vehicle*	Yes \$ <u>2500</u>	No <input checked="" type="checkbox"/>
			Non-homestead real property/real estate*	Yes \$ _____	No <input checked="" type="checkbox"/>

*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 \$ 70,000 as follows: Motor Vehicle \$ 2500 Home \$ 60,000 Other Real Property \$ _____ Child Support paid direct \$ _____ Credit Cards \$ _____ Medical Bills \$ _____ Cost of medicines (monthly) \$ _____ Other \$ 223,000 mo. CHAPTER 13 BANKRUPTCY

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 16th day of APRIL, 2020
3/23/50 FL RH 2-784-50-603-0
Date of Birth Driver's License or ID Number

Scarlett Rabalais
Signature of Applicant for Indigent Status
Print Full Legal Name SCARLETT RABALAIS
Phone Number: 352-686-6195

PO Box 5224 Salt Springs, FL
Address, P.O. Address, Street, City, State, Zip Code 32134

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 15 day of April, 2020

Clerk of the Commission Jimmy 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: April 15, 2020

By: Jimmy Barton
Agency Clerk

Indigent Status

From: askmeinn@gmail.com

Received Wednesday April 15, 2020 08:40 pm

To: Barton, Tammy <Tammy.Barton@fchr.myflorida.com>

Subject: Indigent Status

Attachments: Indigent Status .pdf

Associations: Rabalais, Scarlett v. Salt Springs Resort Association, Inc., et al. [22971]

Please have the Judge review and sign this, so I can get witnesses subpoenaed or do I need to file it through the court?

Thank you,
Scarlett Rabalais
Case #20-1705