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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 RID-784-SD-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 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: April 15, 2020

By: Tammy Barton  
Agency Clerk

# Indigent Status

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**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]

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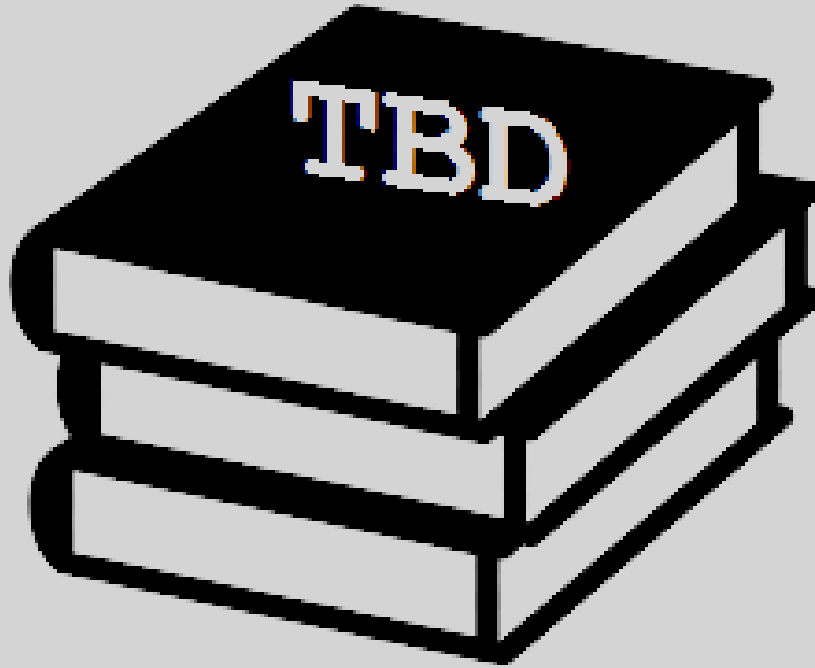
Please have the Judge review and sign this, so I can get witnesses subpoenaed or do I need to file it through the court?

Thank you,  
Scarlett Rabalais  
Case #20-1705

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