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Alsha

4/13/2020

STATE OF FLORIDA  
COMMISSION ON HUMAN RELATIONS

Dana Harshman MPH  
Plaintiff/Petitioner or in the Interest Of

CASE NO 201920691

vs Wolkeens  
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 \$ 2211.70 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 \_\_\_\_\_  
(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			Workers compensation.....	Yes \$ _____	No <input type="checkbox"/>
For you .....	Yes \$ _____	No <input type="checkbox"/>	Income from absent family members.....	Yes \$ _____	No <input type="checkbox"/>
For child(ren) .....	Yes \$ _____	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>2211.70</u>	No <input type="checkbox"/>	Savings account.....	Yes \$ _____	No <input type="checkbox"/>
Bank account(s).....	Yes \$ _____	No <input type="checkbox"/>	Stocks/bonds .....	Yes \$ _____	No <input type="checkbox"/>
Certificates of deposit or money market accounts.....	Yes \$ _____	No <input type="checkbox"/>	Homestead Real Property*.....	Yes \$ _____	No <input type="checkbox"/>
Boats*.....	Yes \$ _____	No <input type="checkbox"/>	Motor Vehicle*.....	Yes \$ _____	No <input type="checkbox"/>
			Non-homestead real property/real estate*.....	Yes \$ _____	No <input 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 \$ \_\_\_\_\_ as follows: Motor Vehicle \$ 389.34, Home \$ \_\_\_\_\_, Other Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ 400, Medical Bills \$ 850, 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 4 day of 13, 2020

Date of Birth \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_

216 SE 16th AVE  
Address, P O Address, Street, City, State, Zip Code

Ocala, FL  
34471

[Signature]  
Signature of Applicant for Indigent Status  
Print Full Legal Name \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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HUMAN RELATIONS  
2020 APR 13 PM 12:01

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

This form was completed with the assistance of: \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person.

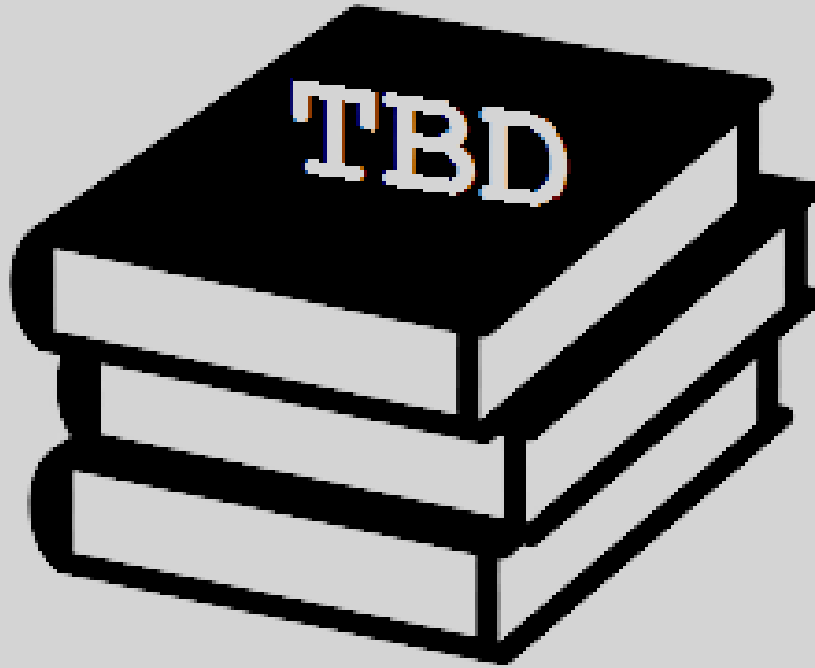
**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY THE CHAIR OF THE COMMISSION.  
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the Chair of the Commission to review the clerk's decision \_\_\_\_\_

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