

IN THE CIRCUIT/COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT  
IN AND FOR DUVAL COUNTY, FLORIDA

SHIRLEY THOMAS  
Plaintiff/Petitioner or In the Interest Of

CASE NO. \_\_\_\_\_

vs. ALL CASH REAL ESTATE SOLUTIONS, LLC  
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? \$ \_\_\_\_\_

2. I have a net income of \$ 600.00 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 \_\_\_\_\_  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Veterans' benefits.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Social Security benefits			Workers compensation.....	Yes \$ _____	No <input checked="" type="checkbox"/>
For you.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Income from absent family members.....	Yes \$ _____	No <input checked="" type="checkbox"/>
For child(ren).....	Yes \$ _____	No <input checked="" type="checkbox"/>	Stocks/bonds.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Unemployment compensation.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Rental income.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Union payments.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Dividends or interest.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Retirement/pensions.....	Yes \$ <u>695.00</u>	No <input checked="" type="checkbox"/>	Other kinds of income not on the list.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Trusts.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Gifts.....	Yes \$ _____	No <input checked="" 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>500.00</u>	No <input checked="" type="checkbox"/>	Savings account.....	Yes \$ _____	No <input checked="" type="checkbox"/>
Bank account(s).....	Yes \$ _____	No <input checked="" 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>5,000.00</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 \$ 2000.00 as follows: Motor Vehicle \$ 400.00 Home \$ 1100.00 Other Real Property \$ \_\_\_\_\_ Child Support paid direct \$ \_\_\_\_\_ Credit Cards \$ 100.00 Medical Bills \$ \_\_\_\_\_ Cost of medicines (monthly) \$ \_\_\_\_\_ Other \$ 150.00 cellphone insurance 150.00

6. I have a private lawyer in this case..... Yes  No  Legal Aid

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 25 day of August, 2017

1963 Date of birth 504-0 Driver's License or ID Number

9931 Somerset Grove Lane Address, P O Address, Street, City, State, Zip Code  
Jax, FL 3222

Shirley Thomas Signature of Applicant for Indigent Status  
Print Full Legal Name Shirley Thomas  
Phone Number: 904 415-1019

**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 21 day of Sep, 20 17.

**RONNIE FUSSELL**

Clerk of the Circuit Court by R. Mitchell

This form was completed with the assistance of: \_\_\_\_\_

Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.  
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the Judge to review the clerk's decision \_\_\_\_\_

