

IN THE CIRCUIT/COUNTY COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Brenda Plant  
Plaintiff/Petitioner or in the Interest Of  
vs. Eric Gannon  
Defendant/Respondent

CASE NO. 19-CC-10061  
CC-Q

**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 2 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? \$ 0

2. I have a net income of \$ 1020.00 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="radio"/>	Veterans' benefits.....	Yes \$ _____	No <input checked="" type="radio"/>
Social Security benefits			Workers compensation.....	Yes \$ _____	No <input checked="" type="radio"/>
For you.....	Yes \$ _____	No <input checked="" type="radio"/>	Income from absent family members.....	Yes \$ _____	No <input checked="" type="radio"/>
For child(ren).....	Yes \$ <u>771.00</u>	No <input type="radio"/>	Stocks/bonds.....	Yes \$ _____	No <input checked="" type="radio"/>
Unemployment compensation.....	Yes \$ _____	No <input checked="" type="radio"/>	Rental income.....	Yes \$ _____	No <input checked="" type="radio"/>
Union payments.....	Yes \$ _____	No <input checked="" type="radio"/>	Dividends or interest.....	Yes \$ _____	No <input checked="" type="radio"/>
Retirement/pensions.....	Yes \$ _____	No <input checked="" type="radio"/>	Other kinds of income not on the list.....	Yes \$ _____	No <input checked="" type="radio"/>
Trusts.....	Yes \$ _____	No <input checked="" type="radio"/>	Gifts.....	Yes \$ _____	No <input checked="" type="radio"/>

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>216.00</u>	No <input type="radio"/>	Savings account.....	Yes \$ <u>101.00</u>	No <input type="radio"/>
Bank account(s).....	Yes \$ <u>200.00</u>	No <input type="radio"/>	Stocks/bonds.....	Yes \$ _____	No <input checked="" type="radio"/>
Certificates of deposit or money market accounts.....	Yes \$ _____	No <input checked="" type="radio"/>	Homestead Real Property*.....	Yes \$ <u>47,000</u>	No <input checked="" type="radio"/>
Boats*.....	Yes \$ _____	No <input checked="" type="radio"/>	Motor Vehicle*.....	Yes \$ <u>5,000</u>	No <input checked="" type="radio"/>
			Non-homestead real property/real estate*.....	Yes \$ _____	No <input checked="" type="radio"/>

\*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 \$ 150,000 as follows: Motor Vehicle \$ 5000.00, Home \$ 47,000, Other Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ 20,000.00, Medical Bills \$ \_\_\_\_\_, Cost of medicines (monthly) \$ \_\_\_\_\_, Other \$ 75,000.00

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 9th day of May, 2019.  
1962  
Date of Birth Driver's License or ID Number

Brenda Plant  
Signature of Applicant for Indigent Status  
Print Full Legal Name Brenda Plant  
Phone Number: 904 704-5091

4203 Heywood Street Jacksonville Florida  
Address, P O Address, Street, City, State, Zip Code 32207

**CLERK'S DETERMINATION**

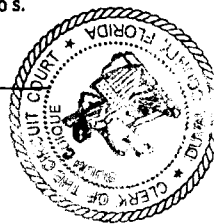
Based on the information in this Application, I have determined the applicant to be (  ) Indigent ( ) Not Indigent, according to s. 57.082, F.S.

Dated this 9 day of May, 2011.

Clerk of the Circuit Court by \_\_\_\_\_

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 \_\_\_\_\_