

CASE NO _____

Plaintiff/Petitioner or in the Interest of _____
vs

Defendant/Respondent _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence, the filing and the summons fees are waived; other costs and fees are not waived.

1. I have _____ 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 net income of _____ paid weekly every two weeks semi-monthly monthly yearly other _____

(Net income is your total income including salary, wages, bonuses, allowance, 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 (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No." Under "Frequency", indicate whether you receive the income weekly, bi-weekly, semi-monthly, monthly or yearly.)

Type	No	Yes	Amount	Frequency	Type	No	Yes	Amount	Frequency
Second Job.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Veterans Benefits.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Social Sec Benefits for you.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Worker's Compensation.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Social Sec Benefits for child(ren).....	<input type="radio"/>	<input type="radio"/>	_____	_____	Income from absent family members.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Unemployment Compensation.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Stock/bonds.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Union Payments.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Rental Income.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Retirement/pensions.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Dividends or interest.....	<input type="radio"/>	<input type="radio"/>	_____	_____
Trusts.....	<input type="radio"/>	<input type="radio"/>	_____	_____	Other kinds of income not on the list.....	<input type="radio"/>	<input type="radio"/>	_____	_____
					Gifts.....	<input type="radio"/>	<input type="radio"/>	_____	_____

I understand that I will be required to make payments for 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: (check "Yes" and fill in value of property, otherwise check "No")

No	Yes	Amount	No	Yes	Amount
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____

Check One: I do do not expect to receive more assets in the near future. Asset Type: _____ Value: _____

5. I have total liabilities and debts of _____ as follows: Motor Vehicle _____, Home _____, Boat _____

Credit Card _____, Non-homestead Real Property \$ _____, Child Support paid direct _____, Medical Bills _____

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 on _____, 20_____

Signature of Applicant for Indigent Status

Year of Birth _____ Last 4 digits of Driver License or ID Number _____

Print Full Legal Name: _____

Email Address: _____

Phone Number(s): _____

Address: Street, City, State, Zip Code _____

This form was completed with the assistance of _____
Clerk/Deputy Clerk/Other Authorized person

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 on _____, 20_____

Clerk of the Circuit Court and Comptroller, Palm Beach County

By _____, Deputy Clerk

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 _____