**IN THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT**

**IN AND FOR PASCO COUNTY, FLORIDA**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plaintiff/Petitioner or In the Interest Of**

**vs.**

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

**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 \_\_\_\_\_\_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 $\_\_\_\_\_\_\_\_\_\_\_\_** 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 Veterans’ benefits Yes $ No

Social Security benefits Workers compensation Yes $ No

For you Yes $ No Income from absent family members Yes $ No

For child(ren) Yes $ No Stocks/bonds Yes $ No

Unemployment compensation Yes $ No Rental income Yes $ No

Union payments Yes $ No Dividends or interest Yes $ No

Retirement/pensions Yes $ No Other kinds of income not on the list Yes $ No

Trusts Yes $ No Gifts Yes $ No

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 $ No Savings account Yes $ No

Bank account(s) Yes $ No Stocks/bonds Yes $ No

Certificates of deposit or Homestead Real Property\* Yes $ No

Money Market accounts Yes $ No Motor Vehicle\* Yes $ No

Boats\* Yes $ No Non-homestead real property/real estate\* Yes $ No

\*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 $\_\_\_\_ \_\_\_\_\_\_, Home $\_\_\_\_ \_\_\_\_\_\_, Other Real Property $\_\_\_\_\_ \_\_\_\_\_, Child Support paid direct $\_\_\_\_ \_\_\_\_\_\_, Credit Cards $\_\_ \_\_\_\_\_\_\_\_, 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 this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant for Indigent Status

Year of Birth Driver’s License or ID Number Print Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Phone Number: \_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, P O Address, Street, City, State, Zip Code

**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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_