

In the Interest of \_\_\_\_\_

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

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**  
(Dependency and Termination of Parental Rights Cases)

**Notice to Applicant:** If you qualify for civil indigence, the filing and 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 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 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 |
|                            |              |    | Other assets*.....                            | Yes \$ _____ | No |

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 \$ \_\_\_\_\_, Boat \$ \_\_\_\_\_, Non-homestead 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 on \_\_\_\_\_, 20 \_\_\_\_.

Year of Birth \_\_\_\_\_ Last 4 digits of Driver License or ID Number \_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status  
Print Full Legal Name \_\_\_\_\_  
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  
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 \_\_\_\_\_