

IN THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA

Plaintiff/Petitioner or In the Interest Of

CASE NO.

vs.

Defendant/Respondent

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

Notice to Applicant: If you qualify for indigence and are unable to pay the costs listed in FS 57.081, you must enroll in the clerk's 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 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 money market accounts.....Yes \$ _____ No	Homestead Real Property*.....Yes \$ _____ No
Boats*.....Yes \$ _____ No	Motor Vehicle*.....Yes \$ _____ No
*show loans on these assets in paragraph 5	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: (Circle "Yes" or "No") ..... 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 \_\_\_\_\_

Birth Year \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_

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

Address, P O 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 this \_\_\_\_\_ day of \_\_\_\_\_, 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 \_\_\_\_\_