

IN THE CIRCUIT/COUNTY COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HARDEE COUNTY, FLORIDA

CASE NO. _____

Plaintiff/Petitioner or In the Interest of _____

vs.

Defendant/Respondent _____

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

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information 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 _____

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. (Do not include children not living at home and do not include a working spouse or yourself.)

2. My take home pay is \$_____ paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____.
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.

3. I have other income paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____.
(Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")

Social Security benefits	☐ Yes \$ _____	☐ No	Workers compensation	☐ Yes \$ _____	☐ No
Unemployment compensation	☐ Yes \$ _____	☐ No	Regular support from		
Union payments	☐ Yes \$ _____	☐ No	absent family members	☐ Yes \$ _____	☐ No
Retirement/pensions	☐ Yes \$ _____	☐ No	Rental income	☐ Yes \$ _____	☐ No
Trusts	☐ Yes \$ _____	☐ No	Dividends or interest	☐ Yes \$ _____	☐ No
Veterans' benefits	☐ Yes \$ _____	☐ No	Other kinds of income not on the list	☐ 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: (Check "yes" and fill in the value of the property, otherwise check "No")

Cash	☐ Yes \$ _____	☐ No	Bank/Savings account	☐ Yes \$ _____	☐ No
Car/Motor Vehicle*	☐ Yes \$ _____	☐ No	Stocks/bonds/Certificates of Deposit	☐ Yes \$ _____	☐ No
Money market accounts	☐ Yes \$ _____	☐ No	Homestead real estate	☐ Yes \$ _____	☐ No
Boats/other tangible property*	☐ Yes \$ _____	☐ No	Non-homestead real estate*	☐ Yes \$ _____	☐ No
show loans on these assets in paragraph 5			Other assets	☐ Yes \$ _____	☐ No

Check one: I ☐ DO/ ☐ DO NOT expect to receive more assets in the near future. The asset and value is _____.

5. I have total liabilities and debts in the amount of \$_____. I have loan balances on assets in paragraph 4:

Car/Motor Vehicle \$ _____; Homestead \$ _____; Non-homestead real estate \$ _____; Boat \$ _____;
Other tangible property (identify here): _____ and loan balance \$ _____

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____.

VICTORIA L. ROGERS
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 _____