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_____.

_____

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

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 absent family members.....	☐Yes $_____ ☐No
Union payments.....	☐Yes $_____ ☐No	Rental income	☐Yes $_____ ☐No
Retirement/pensions.....	☐Yes $_____ ☐No	Dividends or interest	☐Yes $_____ ☐No
Trusts	☐Yes $_____ ☐No	Other kinds of income not on the list .	☐Yes $_____ ☐No
Veterans' benefits.....	☐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 _____