

IN THE CIRCUIT/COUNTY COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

CASE NO.
DIVISION

Plaintiff/Petitioner or In the Interest of

vs.

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you do not qualify for civil indigence and you cannot afford to pay the filing fee, you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00.

- 1. I have dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
2. I have a take-home income of \$ paid weekly bi-weekly semi-monthly monthly yearly.
3. I have \$ in other income paid weekly bi-weekly semi-monthly monthly yearly. (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Table with 4 columns: Income Type, Yes \$, No, and another Yes \$, No. Rows include Social Security benefits, Unemployment compensation, Union funds, Worker's compensation, Retirement/pensions, Trusts or gifts, Veteran's benefits, Child Support or other regular support from family members/spouse, Rental income, Dividends or interests, and Other kinds of income not on the list.

- 4. I have other assets. (Circle "Yes" and fill in the value of the property, otherwise circle "No".)
Cash, Bank account(s), Certificates of deposit or money market account, \*Equity in Boats and other tangible property, Savings, Stocks and bonds, \*Equity in real estate (excluding homestead), \*Equity in motor vehicles.

5. I have total amount of liabilities and debts in the amount of \$

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 F.S. 57.082 commits a misdemeanor of the first degree, punishable as provided in s.775.082 or s.775.083. 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

Date of Birth

Last four digits or Driver License or ID #

Signature of Applicant for Indigent Status

Print Full Legal Name

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

Note: If applicant is determined by the clerk to be Not Indigent, you may seek judicial review by filing a petition to review.

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be Indigent Not indigent, according to 57.082, F.S.

Dated this day of , 20

This form was completed with the assistance of Clerk/Deputy Clerk/Other.

LAURA E. ROTH
CLERK OF THE CIRCUIT COURT

By

Deputy Clerk