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Guardian Advocate for	CASE NO. NEW CASE			
Plaintiff/Petitioner or In the Interest Of	-	57.0 <u>-</u> 110.		
vs. Name of Ward	_			
Defendant//Respondent	D DETERMINAT	FION OF CIVIL INDICENT STATUS		
APPLICATION FOI	R DETERMINA	FION OF CIVIL INDIGENT STATUS		
		nust enroll in the clerk's office payment plar e charged for Dependency or Chapter 39 To		
1. I have 0 dependents. (Include only the Are you Married? Yes ✔ No Does	nose persons you lis your Spouse Work?	t on your U.S. Income tax return.) ?Yes No Annual Spouse Income? \$		
2. I have a net income of \$ 0	_ paid weekly	every two weeks semi-monthly   monthly   monthly	early other	
(Net income is your total income including sale minus deductions required by law and other of		s, commissions, allowances, overtime, tips and si ents such as child support.)	milar payments,	
3. I have other income paid weekly eve (Circle "Yes" and fill in the amount if you have		mi-monthly monthly yearly other <u>none</u> otherwise circle "No")	·	
Second JobYes \$	0 No	Veterans' benefits	Yes \$ 0	No
Social Security benefits	·	Workers compensation		No
For youYes \$	0 No	Income from absent family members	Yes \$ I	Νo
For child(ren)Yes \$	No No	Stocks/bonds	Yes \$ <u>0</u>	Νo
Unemployment compensationYes	0 No	Rental income		Νo
Union paymentsYes	S <u>U</u> No	Dividends or interest		Νo
Retirement/pensionsYes \$	0 No	Other kinds of income not on the list	Yes \$ <u>'</u>	Νo
TrustsYes \$	No No	Gifts	Yes \$ _U	No
I understand that I will be required to make pa as provided by law, <u>although I may agree to pa</u> 4. I have other assets: (Circle "yes" and fill in	ay more if I choose t		, Florida Statutes,	
CashYes		Savings account	Yes \$ 0	No
Bank account(s)Yes		Stocks/bonds		No
Certificates of deposit or		Homestead Real Property*		No
money market accountsYes	0 No	Motor Vehicle*		No
Boats*Yes	0 No	Non-homestead real property/real estate* .		No
*show loans on these assets in paragraph 5				
Check one: I DO ✓ DO NOT expect to rece	eive more assets in t	the near future. The asset is	<del>·</del>	
5. I have total liabilities and debts of \$\frac{0}{2}\$ Property \$ Child Support paid dir medicines (monthly) \$ Other \$\	as follows: Morect \$, (	otor Vehicle \$, Home \$, Credit Cards \$, Medical Bills \$	Other Real, Cost of	
6. I have a private lawyer in this case	Yes No no			
	able as provided in s.7	ourt in seeking a determination of indigent status under 775.082, F.S. or s. 775.083, F.S. I attest that the informwledge.		
Signed this day of	, 20_23	Signature of Applicant for Indig	ent Status	
	se or ID Number	Print Full Legal Name Phone Number:		

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

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			
This form was completed with the assistance of:						
		Clerk/Deputy C	Elerk/Other authorized person.			
APPLICANTS FOU THERE IS NO FEE I		DIGENT MAY SEEK REVI	EW BY A JUDGE BY ASKING FOR A HEARING TIME.			
Sign here if you want	the judge to review the	e clerk's decision				