IN THE CIRCUIT/COUNT	Y OF THE	TWENTIETH	JUDICIAL CIRCUIT
IN AND FOR	LFF	COUNT	Y, FLORIDA

n the Interest of	
	CASE NO

## <u>APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS</u> (Dependency and Termination of Parental Rights Cases)

	` '	•		,				
Notice to Applicant: You must pay an a	application fee of \$	550.00 and if yo	ou qualify for civi	indigence you mus	t enroll	in the Clerk's Office p	ayment plan.	
1. I have dependents. Are you	married? Yes	No						
2. I have income of \$	salary, wages, bo	nuses, commis		eks ( ) monthly (es, overtime, tips an			eductions red	luired by
3. I have other income paid ( ) weekly	( ) every two v	veeks ( ) mo	nthly ( ) yearly	( ) other				
(Circle "Yes" and fill in the amount if you have	ave this kind of inc	come, otherwis	se circle "No.")					
Second Job Social Security Benefits For you For child(ren) Unemployment Compensation Union Payments Retirement/Pensions	Yes \$ N Yes \$ N	Gifts No Veteran's No Workers	s Benefits ' Compensation rom absent nembers	Yes \$ Yes \$ Yes \$ Yes \$	No No No	Stocks/bonds Rental Income Dividends/Income Other kinds of interest not on list	Yes \$ Yes \$ Yes \$	No No
4. I have assets. (Circle "Yes" and fill in t	,		ise circle "No.")					
Cash Bank Account Certificate of Deposit Car* Boat * Show loans on these assets in paragraph I expect to have more of these items in the is	Yes \$ N	No No No No No No e \$2500 in equ	Sav Stor Mor Hor Nor uity in property ar	ings account cks/bonds ney market fund nestead Real prope n-homestead real pr nd \$5000 equity in a	operty /		Yes \$Yes \$Yes \$Yes \$Yes \$Yes \$Yes \$	No
5. My total liabilities and debts are as fo	ollows:							
Home \$ Credit cards \$ Non-homestead real property \$ 6. It would be a substantial hardship to	Car \$ Loans \$ pay any fees or	costs in this i	Medical Bills Total matter because:	\$ \$		Ξ		
7. Cost of medicines (monthly) \$								
A person who knowingly provides false infinisdemeanor of the first degree, punishab application is true and accurate to the base of the ba	ormation to the cle le as provided in s	erk or the court s. 775.082, F.S						
Signed this day of, 20	0							
Birth Year			Signature of ap	plicant for indigent s	status			
Driver's license or ID number								
Driver's license of 1D humber		<del></del>	Address City, State, Zip Phone number					
		CLERK	'S DETERMINA	ΓΙΟΝ				
Based on the information in this Applicatio	n, I have determin	ed the applica	nt to be ( ) Indig	ent ( ) Not Indigen	ıt,			
Dated this day of _		, 20						
day of		_,	<del>-</del>	KEVIN C. KA	RNES, C	Clerk of the Circuit Co	urt	
This form was completed with the assistance of			Clerk/Deputy	Clerk/Deputy Clerk/Other authorized person				
APPLICANTS FOUND NOT INDIGENT M decision of not indigent.	IAY SEEK REVIE	W BY ASKING	FOR A HEARIN	NG TIME. Sign her	e if you	ı want the judge to r 	eview the cl	erk's

Rev. 11/28/18