

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT
IN AND FOR LEE COUNTY, FLORIDA

IN RE: The Guardian Advocacy of

Case Number:

APPLICATION FOR DETERMINATION OF CIVIL PROBATE INDIGENT STATUS
(Form F)

- 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
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court ordered support payments)
- 3. I have other income paid weekly bi-weekly semi-monthly monthly yearly:
(Choose "Yes" by filling in the amount if you have this kind of income, otherwise choose "No")

Social Security benefits.....	Yes \$ _____	No <input type="checkbox"/>	Veterans' benefits.....	Yes \$ _____	No <input type="checkbox"/>
Unemployment compensation.....	Yes \$ _____	No <input type="checkbox"/>	Child support or other regular support		
Union Funds.....	Yes \$ _____	No <input type="checkbox"/>	from family members/spouse.....	Yes \$ _____	No <input type="checkbox"/>
Workers compensation.....	Yes \$ _____	No <input type="checkbox"/>	Rental income.....	Yes \$ _____	No <input type="checkbox"/>
Retirement/pensions.....	Yes \$ _____	No <input type="checkbox"/>	Dividends or interest.....	Yes \$ _____	No <input type="checkbox"/>
Trusts or gifts.....	Yes \$ _____	No <input type="checkbox"/>	Other kinds of income not on the list.....	Yes \$ _____	No <input type="checkbox"/>

- 4. I have other assets: (Choose "yes" by filling in the value of the property, otherwise choose "No")
- | | | | | | |
|----------------------------------|--------------|-----------------------------|--|--------------|-----------------------------|
| Cash..... | Yes \$ _____ | No <input type="checkbox"/> | Savings..... | Yes \$ _____ | No <input type="checkbox"/> |
| Bank account(s)..... | Yes \$ _____ | No <input type="checkbox"/> | Stocks/bonds..... | Yes \$ _____ | No <input type="checkbox"/> |
| Certificates of deposit or | | | *Equity in Real estate (excluding homestead) | Yes \$ _____ | No <input type="checkbox"/> |
| money market accounts..... | Yes \$ _____ | No <input type="checkbox"/> | include expectancy of an interest in such property | | |
| *Equity in Motor vehicles/Boats/ | | | | | |
| Other tangible property..... | Yes \$ _____ | No <input type="checkbox"/> | | | |

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

Drivers License or ID Number

Signature of Applicant for Indigent Status

Print Full Legal Name _____

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

Phone Number: _____

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

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 ____.

Linda Doggett, Clerk of the Circuit Court

This form was completed with the assistance of

_____ Deputy Clerk