	IN THE CIR	CUIT/COUNTY CO	URT OF TH	HE <u>TWENTIETH</u> JUDICIAL CIR COUNTY, FLORIC	CCUIT DA	
				CASE	E NO	_
Plaintiff/Petitio	ner or In the Interest	t Of				
Defendant//Res	spondent	<del></del>				
	APPL	ICATION FOR	DETERM	INATION OF CIVIL INDIGENT	STATUS	
	icant: If you qualify fo	or indigence and ar	e unable to	pay the costs listed in FS 57.081, you n e charged for Dependency or Chapter 3	nust enroll in the clerk's payme	
				t on your U.S. Income tax return.) YesNo Annual Spouse Incom	e? \$	
2. I have a net ir	ncome of \$	paid ( ) we	ekly ( ) eve	ery two weeks ( ) semi-monthly ( ) mo	onthly ( ) yearly ( ) other	
				ses, commissions, allowances, overt such as child support.)	ime, tips and similar payment	t <b>s,</b> minus
				i-monthly ( ) monthly ( ) yearly ( ) oth ne, otherwise circle "No")	er	
Second Job	. l	Yes \$	No	Veterans' benefits		
Social Security	benefits	Yes \$	No	Workers compensation Income from absent family member		
For cl	hild(ren)	Yes \$	No	Stocks/bonds	Yes \$	— No
Unemployment	t compensation	Yes \$	No	Rental income	Yes \$	No
Union payment	ts	Yes \$	No	Dividends or interest	Yes \$	No
	nsions			Other kinds of income not on the Gifts	listYes	No No
I understand tha		make payments for		e clerk in accordance with §57.082(5), F		
				pperty, otherwise circle "No")		
	-\			Savings account	Yes \$	No
Certificates of	s) denosit or	res ֆ	NO	Stocks/bonds Homestead Real Property*		
money market	accounts	Yes \$	No	Motor Vehicle*	Yes\$	No
Boats*		Yes \$	No	Non-homestead real property/real	estate*Yes \$	No
	these assets in par	•		Other assets*		
-				in the near future. The asset is		
<ol><li>I have total lia homestead Rea Cost of medicin</li></ol>	abilities and debts of \$ al Property \$ nes (monthly) \$	S as follow , Child Suppor , Other	vs: Motor t paid dire \$	Vehicle \$, Home \$ ct \$, Credit Cards \$ 	, Boat \$, Non , Medical Bills \$	. <b>-</b> ,
	te lawyer in this case:					
misdemeanor of		hable as provided in		court in seeking a determination of indigues. S. or s. 775.083, F.S. I attest that the information of the court in the information of the court in t		
Signed this	day of	, 20_	•			_
Birth Year	Driver's Licens	se or ID Number		Signature of Applicant for Indige Print Full Legal Name Phone Number:		<u> </u>
Address, P O A	Address, Street, City	, State, Zip Code				
This form was	completed with the	assistance of:				
11115 101111 () 415	completed with the	<b></b>	C	lerk/Deputy Clerk/Other authoriz	ed person.	
			CLERK'S	S DETERMINATION		
Based on the ir F.S.	nformation in this A	pplication, I have	determine	d the applicant to be ( ) Indigent ( ) N	Not Indigent, according to s. 5	7.082,
	day of	, 20	_•	KEVIN C. KARNES		
	-			Clerk of the Circuit Court		
				Ву	, Depu	ıty Clerk
THERE IS NO F	OUND NOT TO BE INFEE FOR THIS REVIEW	EW.		BY A JUDGE BY ASKING FOR A HEAR	ING TIME.	

11/28/18