

IN THE CIRCUIT/COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Plaintiff/Petitioner or In the Interest Of
vs.

CASE NUMBER _____

DEFENDANT/RESPONDENT _____

Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for your Dependency or Chapter 39 Termination of Parental Rights actions.

- I have _____ dependents. *(Include only those persons you list on your U.S. Income tax return.)*
Are you Married? ☐ Yes ☐ No Does your Spouse Work? ☐ Yes ☐ No Annual Spouse Income? \$ _____
- I have a net income of \$ _____ paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments minus deductions required by law and other court-ordered support payments such as child support.)
- I have other income paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job.....	Yes	\$ _____	No	Veterans' benefits.....	Yes	\$ _____	No
Social Security benefits.....	Yes	\$ _____	No	Worker's compensation.....	Yes	\$ _____	No
For you.....	Yes	\$ _____	No	Income for absent family members.....	Yes	\$ _____	No
For child(ren).....	Yes	\$ _____	No	Stock/bonds.....	Yes	\$ _____	No
Unemployment compensation.....	Yes	\$ _____	No	Rental income.....	Yes	\$ _____	No
Union Payments.....	Yes	\$ _____	No	Dividends or interest.....	Yes	\$ _____	No
Retirement/pensions.....	Yes	\$ _____	No	Other kinds of income not on the list.....	Yes	\$ _____	No
Trusts.....	Yes	\$ _____	No	Gifts.....	Yes	\$ _____	No

I understand that I will be required to make payments for fees and costs to the Clerk in accordance with s. 57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- I have other assets: *(Circle "Yes" and fill in the value of the property, otherwise circle "No")*

Cash.....	Yes	\$ _____	No	Savings.....	Yes	\$ _____	No
Bank Account(s).....	Yes	\$ _____	No	Stocks/Bonds.....	Yes	\$ _____	No
Certificates of deposit or money market accounts.....	Yes	\$ _____	No	Homestead Real Property*	Yes	\$ _____	No
Boats*	Yes	\$ _____	No	Motor Vehicle*	Yes	\$ _____	No
				Non-homestead real property/real estate.....	Yes	\$ _____	No

* show loans on these assets in paragraph 5

Check one: I ☐ DO ☐ DO NOT expect to receive more assets in the near future.
The asset is _____.

- I have a total amount of liabilities and debts in the amount of \$ _____ as follows:
Motor Vehicles \$ _____, Home \$ _____, Other Real Property \$ _____,
Child Support paid direct \$ _____, Credit Cards \$ _____,
Medical Bills \$ _____, Costs of medicines (monthly) \$ _____, Other \$ _____.

- 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. 27.52, 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.**

CLOCK IN

Signed this _____ day of _____, 20____.

Date of Birth _____

DL or State ID No: _____

Signature of Applicant for Indigent Status

Print Full Name:

Current Address:

City, State, Zip Code:

Phone Number:

CLERK'S DETERMINATION

Based on the information in this Application, I have determined that the applicant is ☐ Indigent ☐ Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20____.

Deputy Clerk for Scott Ellis, Clerk of Courts

This form was completed with the assistance of _____, Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW. Sign here if you want the judge to review the Clerk's decision.

BAR CODE LABEL