IN THE	CIRCUIT/COUN	NTY COUR	T OF THE	J COUNTY, FLOR	UDICIAL CIRCUIT	
	IN AND	FUR		COUNTY, FLOR		
aintiff/Petitioner or In the Interest of	 F				CASE NO	
	VS.					
fendant//Respondent	· · · · · · · · · · · · · · · · · · ·					
APPL	ICATION FO	R DETE	RMINATION	OF CIVIL INDIC	SENT STATUS	
otice to Applicant: If you quali	fy for civil indig	gence, the	filing and sur	nmons fees are wa	nived; other costs	and fees are not wait
I havedependents. (II Are you Married?YesNo	nclude only the	ose persor	ns you list on	our U.S. Income to	ax return.)	
I have a net income of \$						
Net income is your total income ninus deductions required by la						os and similar paymer
. I have other income paid()v <i>Circle "Yes" and fill in the amour</i>	nt if you have t	this kind of	income, othe	rwise circle "No")		
econd Job	Yes \$	No	Veterans'	benefits	Yes	\$ \$ No
ocial Security benefits For you	Voc ¢	No	VVorkers of	ompensation om absent family m	Yes	\$ \$ No
For child(ren)	1 es \$	No	Stocks/ho	nds		
For child(ren)nemployment compensation	Yes \$	No	Rental inc	ome	Yes	\$ \$ No
nion payments	Yes\$	No	Dividends	or interest	Yes	\$ \$ No
nion payments etirement/pensions	Yes \$	No	Other kind	ls of income not or	the listYes	\$ \$ No
rusts	Yes \$	No	Gifts			
understand that I will be require rovided by law, <u>although I may a</u>					with §57.082(5),	Florida Statutes, as
I have other assets: (Circle "ye					.,	
ash	Yes \$	No	Savings acco	unt	Ye	es \$No
ank account(s)	Yes \$	No	Stocks/bonds		Ye	es \$No
ertificates of deposit or			Homestead F	Real Property*	Ye	es \$No
loney market accounts	Yes \$	No	Motor Vehicle)* 	Ye	es \$No
oats*	Yes \$		Non-homeste Other assets			es \$No es \$No
Check one: I () DO () DO NOT	expect to rece		_			νο φ1νο
is						
5. I have total liabilities and de	ebts of \$	as fo	llows: Motor	Vehicle \$, Home \$, Boat
\$, Non-homestead \$, Medical Bills \$	Real Property	\$, Child Su	pport paid direct \$ △ ₾	S, Cre	edit Cards
					, Other \$	·
6. I have a private lawyer in th						
A person who knowingly provides f						
F.S. commits a misdemeanor of the have provided on this application					75.083, F.S. I attes t	t that the information I
Signed on	, 20					
Variation of Block	Delice at 1	ID N: - '		re of Applicant for I		
Year of Birth Last 4 digits of Email address:				ıll Legal Name Number/s:		
Address: Street, City, State, Zip Coo	le					
	assistance of: _			authorized person		
	assistance of: _	Clerk/Deput	y Clerk/Other	authorized person.		
This form was completed with the a	assistance of: _ C	CLERI	y Clerk/Other	authorized person. ATION		
This form was completed with the same and the same and the information in this Appendix.	assistance of: _ C oplication, I hav	CLERI	y Clerk/Other	authorized person. ATION		
This form was completed with the second seco	assistance of: _ C oplication, I hav	CLERI	y Clerk/Other (K'S DETERMIN) ed the applicar	authorized person. A TION It to be () Indigent (
Address: Street, City, State, Zip Coo This form was completed with the Based on the information in this Ap F.S. Dated on	assistance of: _ C oplication, I hav	CLERI	y Clerk/Other (K'S DETERMIN) ed the applicar Clerk o	authorized person. ATION) Not Indigent, acc	ording to s. 57.082,

Sign here if you want the judge to review the clerk's decision