

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR ST. LUCIE COUNTY, FLORIDA

Plaintiff/Petitioner or In the Interest Of  
vs.

CASE NO. \_\_\_\_\_

Defendant//Respondent

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

**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 Dependency or Chapter 39 Termination of Parental Rights actions.

1. 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? \$ \_\_\_\_\_

2. 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 payments such as child support.)

3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_  
(Select "Yes" and fill in the amount if you have this kind of income, otherwise select "No")

|                                |              |    |   |              |    |
|--------------------------------|--------------|----|---|--------------|----|
| Second Job .....               | Yes \$ _____ | No | Veterans' benefits .....                    | Yes \$ _____ | No |
| Social Security benefits       |              |    | Workers compensation .....                  | Yes \$ _____ | No |
| For you .....                  | Yes \$ _____ | No | Income from absent family members.....      | Yes \$ _____ | No |
| For child(ren).....            | Yes \$ _____ | No | Stocks/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 §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Select "yes" and fill in the value of the property, otherwise select "No")

|                             |              |    |   |              |    |
|-----------------------------|--------------|----|---|--------------|----|
| Cash .....                  | Yes \$ _____ | No | Savings account .....                                 | Yes \$ _____ | No |
| Bank account(s) .....       | Yes \$ _____ | No | Stocks/bonds .....                                    | Yes \$ _____ | No |
| Certificates of deposit or  |              |    | <b>Homestead Real Property*</b> .....                 | Yes \$ _____ | No |
| Money market accounts ..... | Yes \$ _____ | No | <b>Motor Vehicle*</b> .....                           | Yes \$ _____ | No |
| <b>Boats*</b> .....         | Yes \$ _____ | No | <b>Non-homestead real property/real estate*</b> ..... | 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 \_\_\_\_\_

5. I have total liabilities and debts of \$ \_\_\_\_\_ as follows:  
Motor Vehicle \$ \_\_\_\_\_, Home \$ \_\_\_\_\_, Other Real Property \$ \_\_\_\_\_, Child Support paid direct \$ \_\_\_\_\_,  
Credit Cards \$ \_\_\_\_\_, Medical Bills \$ \_\_\_\_\_, Cost of medicines (monthly) \$ \_\_\_\_\_, Other \$ \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Date of Birth      Driver's License or ID Number

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

\_\_\_\_\_  
Signature of Applicant for Indigent Status

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Phone Number

**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 \_\_\_\_\_, \_\_\_\_\_ Clerk of the Circuit Court by \_\_\_\_\_

This form was completed with the assistance of: \_\_\_\_\_  
Clerk/Deputy Clerk/Other Authorized Person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE 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 \_\_\_\_\_