IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR CHARLOTTE COUNTY, FLORIDA CASE NO._

Plaintiff/Petitioner or In the Interest of	

vs.

Defendant//Respondent	
APPLICATION FOR DETERMIN	ATION OF CIVIL INDIGENT STATUS
Notice to Applicant: If you qualify for civil indigence, the filing	and summons fees are waived; other costs and fees are not waived
1. I havedependents. (Include only those persons you Are you Married? Yes No Does your Spouse Work?	l list on your U.S. Income tax return.) ? Yes No Annual Spouse Income? \$
2. I have a net income of \$ paid weekly every	two weeks semi-monthly monthly yearly other
	ses, commissions, allowances, overtime, tips and similar payments,
3. I have other income paid weekly every two weeks s (Check "Yes" and Fill in the amount if you have this kind of inco	
Second JobYes \$ No Ve	eterans' benefits
For you Yes \$ No Inc	come from absent family members
For child(ren) Yes \$ No Sto	ocks/bondsYes \$ No
Unemployment compensation Yes \$ No Re Union payments	vidends or interest
Retirement/pensions	her kinds of income not on the list Yes \$ No
Unemployment compensation Yes \$ No Ref Union payments	Yes No
	to the clerk in accordance with §57.082(5), Florida Statutes, as to do so.
4. I have other assets: (Check "yes" and fill in the value of the prop	erty, otherwise check "No")
Cash Yes \$ No Savi	ngs account Yes \$ No
Bank account(s) Yes \$ No Stoc	ks/bonds Yes \$ No
Certificates of deposit or Hom	estead Real Property* Yes \$ No
Money market accounts Yes \$ No Moto	or Vehicle* Yes \$ No
	homestead real property/real estate* Yes \$ No er assets* Yes \$ No
Check one: I DO DO NOT expect to receive more asset is	·
	Matar Vahiala [©] Hama [©] Baat
\$ Non-homestead Real Property \$	The product of the product p_{1} , the product p_{2} , both p
5. I have total liabilities and debts of \$ as follows: \$, Non-homestead Real Property \$, 0 \$, Medical Bills \$, Cost of medicines	(monthly) \$, Other \$.
6. I have a private lawyer in this case	
A person who knowingly provides false information to the clerk or t	he court in seeking a determination of indigent status under s. 57.082,
F.S. commits a misdemeanor of the first degree, punishable as prov have provided on this application is true and accurate to the best	ided in s.775.082, F.S. or s. 775.083, F.S. I attest that the information I of my knowledge.
Signed on	
	Signature of Applicant for Indigent Status
Year of Birth Last 4 digits of Driver License or ID Number	Print Full Legal Name
Email address:	Phone Number/s:
Address: Street, City, State, Zip Code	
This form was completed with the assistance of:	
Clerk/Deputy Cler	k/Other authorized person.
CLERK'S DE	TERMINATION
Based on the information in this Application, I have determined the F.S.	applicant to be () Indigent () Not Indigent, according to s. 57.082,
Dated on, 20	
	Clerk of the Circuit Court
	By, Deputy Clerk
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	