

IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT
IN AND FOR COLLIER COUNTY, FLORIDA

CASE NO. _____

Plaintiff/Petitioner or In the Interest of
vs.

Defendant//Respondent

APPLICATION FOR DETERMINATION 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 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
(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... (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No". Under "Paid", indicate whether you receive the income weekly, bi-weekly, semi-monthly, monthly, or yearly.)

Type	No	Yes	Amount	Frequency	Type	No	Yes	Amount	Frequency
Second Job.....			\$ _____	_____	Veterans' Benefits.....			\$ _____	_____
Social Security benefits					Workers' compensation.....			\$ _____	_____
For you.....			\$ _____	_____	Income from absent family members.....			\$ _____	_____
For child(ren).....			\$ _____	_____	Stocks/bonds.....			\$ _____	_____
Unemployment compensation.....			\$ _____	_____	Rental income.....			\$ _____	_____
Union payments.....			\$ _____	_____	Dividends or interest.....			\$ _____	_____
Retirement/pensions.....			\$ _____	_____	Other kinds of income not on the list.....			\$ _____	_____
Trusts.....			\$ _____	_____	Gifts.....			\$ _____	_____

I understand that I will be required to make payments for 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: (Check "Yes" and fill in the value of the property, otherwise check "No")

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

Check one: I DO DO NOT expect to receive more assets in the near future. Asset Type: _____ Value: \$ _____

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Boat \$ _____, Non-homestead 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 on _____, 20____.

Year of Birth Last 4 digits of Driver License or ID Number
Email address: _____

Signature of Applicant for Indigent Status
Print Full Legal Name _____
Phone Number/s: _____

Address: Street, City, State, Zip Code

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

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 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 _____