	IN THE CIRCUIT/	COUNTY OF THE	0011	_ JUDICIAL CIRCUI	Т		
In the Interest of	IN AND FO	OR	COUN	ITY, FLORIDA	0405 NO		
	CASE NO						
	APPLICATION (Depend	FOR DETERMINATION ency and Termination of	<u>I <b>OF CIVIL I</b></u> f Parental F	INDIGENT STATUS Rights Cases)			
Notice to Applicant: You must pay	v an application fee of \$5	0.00 and if you qualify fo	or civil india	ence vou must enroll	in the Clerk's Office r	navment nlan	
			or orvir irraig	chice you must emon	in the olence p	ayment plan.	
1. I have dependents. Are							
2. I have income of \$	uding salary, wages, boni	uses, commissions, allo	wances, ove	) monthly ( ) yea ertime, tips and simila	riy ( ) otner ar payments, <b>minus</b> d	leductions required by	
3. I have other income paid ( ) w	eekly ( ) every two we	eeks ( ) monthly ( )	yearly (	) other			
(Circle "Yes" and fill in the amount if y	ou have this kind of inco	me, otherwise circle "No	ວ.")				
Second Job	Yes \$ No			Yes \$ No	Stocks/bonds	Yes \$ No	
Social Security Benefits For you	Yes\$ No	Gifts Veteran's Benefits		Yes \$ No Yes \$ No	Rental Income	Yes \$ No Yes \$ No	
For child(ren)	Yes \$ No		ation	Yes \$ No	Other kinds of	τ es φ ινο	
Unemployment Compensation	Yes \$ No	Income from absent				Yes \$ No	
Union Payments Retirement/Pensions	Yes \$ No Yes \$ No	,		Yes \$ No			
4. I have assets. (Circle "Yes" and to	•		۷o.")				
Cash	Yes\$ No	•	Savings a	account		Yes \$ No	
Bank Account	Yes \$ No		Stocks/bo			Yes \$ No	
Certificate of Deposit	Yes \$ No		Money market fund Yes \$				
Car* Boat	Yes \$ No Yes \$ No		Homestead Real property* Yes \$ No Non-homestead real property /real estate* Yes \$ No				
						Yes \$ No	
* Show loans on these assets in para			-	100 equity in a car and	a still be malgent.		
I expect to have more of these items is		, , , , ,	1				
5. My total liabilities and debts are		······································					
•							
Home \$ Credit cards \$	_	 Medical E	Dillo ¢				
Non-homestead real property \$	_ Loans	Total	\$		<del>-</del> -		
6. It would be a substantial hardsh	nip to pay any fees or c	osts in this matter bec	ause:				
	, ,						
	-						
7. Cost of medicines (monthly) \$_		_·					
A person who knowingly provides fals	se information to the cler	k or the court in seeking	a determin	ation of indigent statu	s under s. 57.082, F.	S., commits a	
misdemeanor of the first degree, pun			3, F.S. I at	test that the informa	ation I have provided	d on this	
application is true and accurate to	the best of my knowled	ige.					
Signed this day of	, 20						
Date of Birth		Signature of applicant for indigent status					
Driver's license or ID number		Print full le	egal name				
		Address	Print full legal name Address				
		City, State Phone nu					
		i none na	iiibei				
		CLERK'S DETERI	MINATION				
Based on the information in this Appl	ication, I have determine	d the applicant to be (	) Indigent (	) Not Indigent.			
			. 3 (	, - 9- 17			
Dated this day	/ 01,	20					
				Clerk of the Circuit C	Court		

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent.

This form was completed with the assistance of

Clerk/Deputy Clerk/Other authorized person