

**IN THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA**

IN RE: \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
PETITIONER

Section \_\_\_\_\_

\_\_\_\_\_  
Drivers License/ID Number

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Address (street, City, State, Zip Code)

**AFFIDAVIT OF INDIGENT STATUS**

**NOTICE TO APPLICANT:** If you are a parent/guardian making this affidavit on behalf of a minor child or tax-dependant adult, the information contained in this affidavit must include your income and assets. If you are a petitioner making this affidavit on behalf of an alleged incapacitated adult, the information contained in this affidavit should be based on the subject/ward's income and assets.

1. I have \_\_\_\_\_ dependants. *(Do not include children not living at home and do not include working spouses.)*  
Size of family unit \_\_\_\_\_.
2. I have a take-home income of \$\_\_\_\_\_ paid  weekly  bi-weekly  semi-monthly  monthly  
*(Take-home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments minus deductions required by law and court-ordered support payments.)*
3. I have \$\_\_\_\_\_ in other annual income: *(Check "Yes" and fill in the amount if you have this kind of income or check "No" if you do not have this kind of income.)*

Social Security benefits. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Unemployment compensation. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Union funds. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Worker's compensation. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Retirement/pensions. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Trusts or gifts. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Veteran's benefits. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Other regular support from family members/spouse. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Rental income. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Dividends or interest. . . . .	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No

4. I have \$\_\_\_\_\_ in other assets. (Check "Yes" and fill in the value of the property or check "No" if you do not have this kind of property.)

- Cash. . . . .  Yes \$ \_\_\_\_\_  No
- Savings. . . . .  Yes \$ \_\_\_\_\_  No
- Bank accounts. . . . .  Yes \$ \_\_\_\_\_  No
- Stocks and bonds. . . . .  Yes \$ \_\_\_\_\_  No
- Certificates of deposit or money market accounts. . . . .  Yes \$ \_\_\_\_\_  No
- Real estate (your ownership interest). . . . .  Yes \$ \_\_\_\_\_  No
- Boat(s) or aircraft (your ownership interest). . . . .  Yes \$ \_\_\_\_\_  No
- Motor vehicle(s) (your ownership interest). . . . .  Yes \$ \_\_\_\_\_  No
- Life Insurance (cash value). . . . .  Yes \$ \_\_\_\_\_  No
- Other valuable tangible property (like jewelry, coin collections, etc.  Yes \$ \_\_\_\_\_  No

5. I receive: (Check "Yes" or "No")

- Temp. Assistance for Needy Families-Cash Assistance. . . . .  Yes  No
- Poverty-related veterans' benefits. . . . .  Yes  No
- Supplemental Security Income (SSI). . . . .  Yes  No

6. I have been released on bail in the amount of \$5,000.00 or more in this case. . .  Yes  No

7. I have a private lawyer in this case. . . . .  Yes  No

8. I expect to get or receive something of value at a later date  
(Like a tax refund, payments from lawsuits, accrued vacation leave, a bonus, or inheritance.  Yes \$ \_\_\_\_\_  No

NOTICE REGARDING PARTICIPATION IN PAYMENT PLANS

Pursuant to Florida law, a determination of your indigency or inability to pay fees in full requires you to enroll into a payment plan with the Clerk and Comptroller. Florida Statute 28.246 provides in pertinent part as follows:

The Clerk and Comptroller shall accept partial payments for court-related fees, service charges, costs, and fines in accordance with the terms of an established payment plan. **An individual seeking to defer payment of fees, service charges, costs, or fines imposed by operation of law or order of the court under any provision of general law, and determined by the court with periodic payment amounts corresponding to the individual's ability to pay.**

Florida Statute 28.24(26) imposes a one time initial processing fee of \$25.00 which is due and payable at the time a payment plan is established, OR a \$5.00 per month processing fee for accepting partial payments, which is to be included with each partial payment submitted.

Additionally, failure to comply with the terms of the payment plan may result in the Clerk and Comptroller referring your account for collections, and seeking an award of attorney fees and costs associated with collection and/or enforcement of such payment plan. Florida Statute 28.246(6) provides as follows:

**A Clerk and Comptroller may pursue the collection of any fees, service charges, fines, court costs, and liens for the payment of attorney's fees and costs pursuant to s. 938.29 which remain unpaid for 90 days or more, or refer the account to a private attorney who is a member in good standing of The Florida Bar or collection agent who is registered and in good standing pursuant to c\ Udhf 559.** In pursuing the collection of such unpaid financial obligations through a private attorney or collection agent, the Clerk and Comptroller must have attempted to collect the unpaid amount through a collection court, collections docket, or other collections process, if any, established by the court, find this to be cost-effective and follow any applicable procurement practices. **The collection fee, including any reasonable attorney's fee, paid to any attorney or collection agent retained by thY Clerk and Comptroller may be added to the balance owed in an amount not to exceed 40 percent of the amount.**

*\*\* (Elect and complete either the notarized oath or the written declaration below pursuant to section 92.525, Florida Statutes)*

NOTARIZED OATH

I, \_\_\_\_\_ (full legal name), being first duly sworn, state under oath and under penalty of perjury that the facts stated in the foregoing affidavit are true.

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

O/B/O \_\_\_\_\_  
Alleged Incapacitated

PRINT Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # or ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

**WRITTEN DECLARATION**

**Under penalties of perjury, I declare that the facts stated in the foregoing affidavit are true.**

\_\_\_\_\_  
**Signature of Applicant for Indigent Status      Date Signed**

**O/B/O** \_\_\_\_\_  
Alleged Incapacitated

**PRINT Full Legal Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Driver's License # or ID #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Telephone** \_\_\_\_\_

*\*\* (If a Clerk and Comptroller or deputy clerk helped you fill out this form, he or she must fill out the blank below.)*

This form was completed with the assistance of \_\_\_\_\_, Clerk/Deputy Clerk.

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**DETERMINATION OF INDIGENT STATUS**

Based on the information in this Affidavit, I have determined that the applicant is  Indigent  Not Indigent pursuant to section 27.52, FS.

\_\_\_\_\_  
Clerk & Comptroller by Deputy Clerk

\_\_\_\_\_ 20\_\_\_\_\_  
Date

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IN RE: \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_

PETITIONER

**REQUEST FOR COURT TO REVIEW CLERK AND COMPTROLLER'S DETERMINATION OF NON-INDIGENCE**

1. *{To be completed by the Clerk}* The Clerk and Comptroller has determined that you are not indigent because:

- A bond of \$5,000 or more has been posted.
- You have assets.
- You hired a private lawyer.
- Your income exceeds 200% of the federal property guidelines.
- Other: \_\_\_\_\_

2. *{To be completed by the party requesting indigent status, if re view re requested}*. You may request the Court to review this determination at the next scheduled hearing. If no hearing is scheduled, or if you need services prior to the next scheduled court hearing and cannot afford such services you may request review of the denial of indigent status. To request review, you must notify the Clerk and Comptroller by indicating below, that you wish to request review of the denial of indigent status.

- I hereby request review by the Court of the denial of indigent status at my next scheduled hearing.
- I hereby request review by the Court of the denial of indigent status prior to my next scheduled hearing because I need services prior to the next scheduled hearing or because no hearing is scheduled.

Reason for requesting Court review:

- I am unable to pay for service of an attorney without substantial hardship to my family because: \_\_\_\_\_  
\_\_\_\_\_

My bond was posted by: \_\_\_\_\_

Explain other reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalties of perjury, I declare that the facts stated above are true.

\_\_\_\_\_  
Party Requesting Review

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

Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

If a Clerk and Comptroller or deputy clerk helped you fill out this form, he or she must fill out the blank below.

This form was completed with the assistance of \_\_\_\_\_ Clerk and Comptroller/Deputy Clerk.

*If another nonlawyer helped you fill out this form he/she must fill in the blanks below:*

*I {full legal name and trade name of nonlawyer} \_\_\_\_\_*

*a nonlawyer, located at {street} \_\_\_\_\_*

*{City} \_\_\_\_\_ {State} \_\_\_\_\_ {Phone} \_\_\_\_\_ helped fill out this form.*

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**COURT'S FINAL DETERMINATION OF INDIGENT STATUS**

Party is indigent.

Party is not indigent

Date: \_\_\_\_\_

\_\_\_\_\_  
**Judge**