

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

In the Interest of _____

Case Number: _____
SPN: _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS
(Dependency and Termination of Parental Rights cases)

Notice to Applicant: You must pay an application fee of \$50.00 and if you qualify for civil indigence you must enroll in the Clerk and Comptroller's Office payment plan.

1. I have _____ dependents. Are you married? Yes No

2. I have income of \$_____ paid () weekly () every two weeks () 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 () monthly () yearly () other

(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes \$_____ No	Trust	Yes \$_____ No	Stocks/bonds	Yes \$_____ No
Social Security Benefits		Gifts	Yes \$_____ No	Rental Income	Yes \$_____ No
For you	Yes \$_____ No	Veteran's Benefit	Yes \$_____ No	Dividends/Income	Yes \$_____ No
For child(ren)	Yes \$_____ No	Workers' Compensation	Yes \$_____ No	Other kinds of	
Unemployment Compensation	Yes \$_____ No	Income from absent.		interest not on list	Yes \$_____ No
Union Payments	Yes \$_____ No	family members	Yes \$_____ No		
Retirement/Pensions	Yes \$_____ No				

4. I have assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$_____ No	Savings account	Yes \$_____ No
Bank Account(s)	Yes \$_____ No	Stocks/bonds	Yes \$_____ No
Certificates of Deposit	Yes \$_____ No	Money market fund	Yes \$_____ No
Car*	Yes \$_____ No	Homestead Real property*	Yes \$_____ No
Boat	Yes \$_____ No	Non-homestead real property / real estate*	Yes \$_____ No

*Show loans on these assets in paragraph 5. You may have \$2500 in equity in property and \$5000 equity in a car and still be indigent.

I expect to have more of these items in the near future. Yes No If yes, that property is _____.

5. My total liabilities and debts are as follows:

Home \$_____	Car \$_____		
Credit cards \$_____	Loans \$_____	Medical Bills \$_____	
Non-homestead real property \$_____		Total \$_____	

6. It would be a substantial hardship to pay any fees or costs in this matter because:

7. Cost of medicines (monthly) \$_____.

A person who knowingly provides false information to the Clerk and Comptroller 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 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 _____, 20_____.

Signature of Applicant for Indigent Status

Date of Birth _____

Print full legal name

Drivers License or ID Number _____

Address

City, State, Zip

Phone number

CLERK AND COMPTROLLER'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent

Dated this _____ day of _____, 20_____.

Deputy Clerk

This form was completed with the assistance of _____

Deputy Clerk/Other authorized person

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