

**IN THE CIRCUIT/COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

DIVISION

CIVIL

**APPLICATION FOR DETERMINATION OF CIVIL
INDIGENT STATUS**

CASE NUMBER

Plaintiff/Petitioner or In the Interest Of _____

VS. Defendant/Respondent _____

Notice to Applicant: If you qualify for Civil Indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

- 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? \$ _____
- I have a net income of \$ _____** paid weekly bi-weekly semi-monthly 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.)
- I have other income paid** weekly bi-weekly semi-monthly monthly yearly Other (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Jobs	Yes \$ _____	No	Veterans' Benefit	Yes \$ _____	No	Other kinds of			
Social Security Benefits			Workers' Compensation	Yes \$ _____	No	income not on the list	Yes \$ _____	No	
For you	Yes \$ _____	No	Income from absent			Gifts	Yes \$ _____	No	
For child(ren)	Yes \$ _____	No	family members	Yes \$ _____	No	Trusts	Yes \$ _____	No	
Unemployment Compensation	Yes \$ _____	No	Stock/Bonds	Yes \$ _____	No				
Union Payments	Yes \$ _____	No	Rental Income	Yes \$ _____	No				
Retirement/Pensions	Yes \$ _____	No	Dividends or Interest	Yes \$ _____	No				

I understand that I will be required to make payments for fees and costs to the clerk in accordance with s. 57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- I have other 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 or			Homestead Real Property*	Yes \$ _____	No		
Money Market Accounts	Yes \$ _____	No	Motor Vehicle*	Yes \$ _____	No		
Boats*	Yes \$ _____	No	Non-Homestead Real Property/Real Estate*	Yes \$ _____	No		

* Show loans on these assets in paragraph 5.

Check one: I DO or DO NOT expect to receive more assets in the near future. The assets are/is _____.

- My total liabilities and debts are as follows:**
Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support (paid directly) \$ _____,
Credit Cards \$ _____, Medical Bills \$ _____, Cost of Medicines (monthly) \$ _____, Other \$ _____.
Total \$ _____

- 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 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: _____

Driver's license or ID number _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

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 this _____ day of _____, 20 _____.

Clerk of the Circuit Court

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person

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 of not Indigent. _____