

**IN THE CIRCUIT/COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA  
APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

Plaintiff/Petitioner or In the Interest Of  
vs.

CASE NUMBER \_\_\_\_\_

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 your Dependency or Chapter 39 Termination of Parental Rights actions.

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  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 support payments such as child support.)
3. I have other income paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")
- |                                |     |          |    |                                            |     |          |    |
|--------------------------------|-----|----------|----|--------------------------------------------|-----|----------|----|
| Second Job.....                | Yes | \$ _____ | No | Veterans' benefits.....                    | Yes | \$ _____ | No |
| Social Security benefits.....  | Yes | \$ _____ | No | Worker's compensation.....                 | Yes | \$ _____ | No |
| For you.....                   | Yes | \$ _____ | No | Income for absent family members.....      | Yes | \$ _____ | No |
| For child(ren).....            | Yes | \$ _____ | No | Stock/bonds.....                           | Yes | \$ _____ | No |
| Unemployment compensation..... | Yes | \$ _____ | No | Rental income.....                         | Yes | \$ _____ | No |
| Union Payments.....            | Yes | \$ _____ | No | Dividends or interest.....                 | Yes | \$ _____ | No |
| Retirement/pensions.....       | Yes | \$ _____ | No | Other kinds of income not on the list..... | Yes | \$ _____ | No |
| Trusts.....                    | Yes | \$ _____ | No | Gifts.....                                 | 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.

4. I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")
- |                                                          |     |          |    |                                              |     |          |    |
|----------------------------------------------------------|-----|----------|----|----------------------------------------------|-----|----------|----|
| Cash.....                                                | Yes | \$ _____ | No | Savings.....                                 | Yes | \$ _____ | No |
| Bank Account(s).....                                     | Yes | \$ _____ | No | Stocks/Bonds.....                            | Yes | \$ _____ | No |
| Certificates of deposit or<br>money market accounts..... | Yes | \$ _____ | No | Homestead Real Property* .....               | Yes | \$ _____ | No |
| Boats* .....                                             | Yes | \$ _____ | No | Motor Vehicle* .....                         | Yes | \$ _____ | No |
|                                                          |     |          |    | Non-homestead real property/real estate..... | Yes | \$ _____ | No |

\* show loans on these assets in paragraph 5

Check one: I  DO  DO NOT expect to receive more assets in the near future.  
The asset is \_\_\_\_\_

5. I have a total amount of liabilities and debts in the amount of \$ \_\_\_\_\_ as follows:  
Motor Vehicles \$ \_\_\_\_\_, Home \$ \_\_\_\_\_, Other Real Property \$ \_\_\_\_\_,  
Child Support paid direct \$ \_\_\_\_\_, Credit Cards \$ \_\_\_\_\_,  
Medical Bills \$ \_\_\_\_\_, Costs 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. 27.52, 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.**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Year of Birth \_\_\_\_\_

Last 4 Numbers of Driver License Number or State ID: \_\_\_\_\_

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

Print Full Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**CLERK'S DETERMINATION**

Based on the information in this Application, I have determined that the applicant is  Indigent  Not Indigent, according to s. 57.082, F.S.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Deputy Clerk for Rachel M. Sadoff, Clerk of Courts \_\_\_\_\_

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

**APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW 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.**