

IN THE CIRCUIT/COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR OKEECHOBEE COUNTY, FLORIDA

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner or In the Interest of  
vs.

\_\_\_\_\_  
Defendant//Respondent

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s.775.082, F.S. or s. 775.083

This application is being filed:  on behalf of the petitioner,  on behalf of the ward, or  Other- Non-Indigent.

F.S. I attest that the information provided on this application is true and accurate to the best of my knowledge.

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

Phone Number/s: \_\_\_\_\_

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

City, State, Zipcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Signed on \_\_\_\_\_, 20\_\_\_\_\_.

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

Last 4 digits of Driver License or ID: \_\_\_\_\_

**Notice to Applicant:** If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

- 1. I have \_\_\_\_\_ dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
- 2. My take home pay is \$ \_\_\_\_\_ paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_.  
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minductions required by law, including court-ordered support payments.
- 3. I have other income paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_.  
(Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")

Social Security benefits ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Workers compensation ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Unemployment compensation <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Regular support from absent family members..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Union payments..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Rental income ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Retirement/pensions..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Dividends or interest ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Trusts ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Other kinds of income not on the list . <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Veterans' benefits ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	

I understand that I will be required to make payments for costs to the clerk in accordance with §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: (Check "yes" and fill in the value of the property, otherwise check "No")
- |  |   |
|--|---|
| Cash ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                     | Bank/Savings account..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No               |
| Car/Motor Vehicle*..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No        | Stocks/bonds/Certificates of Deposit .. <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Money market accounts..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No     | Homestead real estate ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No             |
| Boats/other tangible property* <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Non-homestead real estate* ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No        |
| *show loans on these assets in paragraph 5   | Other assets* ..... <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No                     |

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

- 5. I have total liabilities and debts in the amount of \$ \_\_\_\_\_. I have loan balances on assets in paragraph 4:  
Car/Motor Vehicle \$ \_\_\_\_\_; Homestead \$ \_\_\_\_\_; Non-homestead real estate \$ \_\_\_\_\_; Boat \$ \_\_\_\_\_;  
Other tangible property (identify here) \_\_\_\_\_ and loan balance \$ \_\_\_\_\_

**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 on \_\_\_\_\_, 20\_\_\_\_\_.

**Jerald D. Bryant**  
Clerk of the Circuit Court and Comptroller

By \_\_\_\_\_, Deputy Clerk

**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 \_\_\_\_\_