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

	aintiff/Petitioner or In the Interest Of				
VS		NUMBER			
D	FENDANT/RESPONDENT				
	ice to Applicant: If you qualify for civil indigence you must enroll in t 25.00. This fee shall not be charged for your Dependency or Ch				
1.	I have dependents. (Include only those persons you list on you Are you Married? Yes No Does your Spouse Wo	r U.S. Income tax return.) ork? ☐ Yes ☐ No Annual Spo	ouse Income?	\$	
2.	I have a net income of \$paid _weekly _every tw (Net income is your total income including salary, wages, bonuses, or deductions required by law and other court-ordered support payments	ommissions, allowances, ove rti me, tip			
3.	I have other income paid weekly every two weeks semi-n	monthly monthly yearly c	other		
	(Circle "Yes" and fill in the amount if you have this kind of income, oth	nerwise circle "No")			
	Second Job	Veterans' benefits			
	Social Security benefits	Worker's compensation			
	For you	Income for absent family members Stock/bonds			
	Unemployment compensation Yes \$ No	Rental income			No
	Union Payments	Dividends or interest			
	Retirement/pensions	Other kinds of income not on the list			
	Trusts Yes \$ No	Gifts			
	I understand that I will be required to make payments for fees and cos provided by law, although I may agree to pay more if I choose to do so		57.082(5), Flor	ida Statutes, as	
4.	I have other assets: (Circle "Yes" and fill in the value of the property,	otherwise circle "No")			
	Cash	Savings			
	Bank Account(s)	Stocks/Bonds			
	Certificates of deposit or	Homestead Real Property*			
	money market accounts	Motor Vehicle* Non-homestead real property/real es			
		Non-nomestead real property/real es	tate res	Ψ	140
	* show loans on these assets in paragraph 5 Check one: I DO DO NOT expect to receive more assets in the asset is	c			
5.	I have a total amount of liabilities and debts in the amount of \$	Property \$			
6.	I have a private lawyer in this case. Yes No				
A det pur pro	person who knowingly provides false information to the Clerk cermination of indigent status under s. 27.52, F.S., commits a misde ishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest vided on this Application is true and accurate to the best of my knowle	or the Court in seeking a meanor of the first degree, that the information I have dge.			
Sig	ned this, 20	Signature of Applicant for Indigen	nt Status		
٧o	ar of Birth	Print Full Name:			
		Current Address:			
Las	t 4 Numbers of Driver License Number or State ID:	City, State, Zip Code:			
		Phone Number:			
		Email Address:			
	_ ,				
Pos	CLERK'S DE ed on the information in this Application, I have determined that the ap	TERMINATION	at according to		
Das	ed on the information in this Application, I have determined that the ap	pricant is Linuigent Linut Indige	in, according to	0 5. 01.U0Z, F.S.	
Dat	ed this, 20				
		Deputy Clerk for Rachel M. Sadoff,	Clerk of Court	S	
This form was completed with the assistance of		Clerk/Deputy Clerk/Other authorized person.			
HE	LICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR RING TIME. THERE IS NO FEE FOR THIS REVIEW. Sign here if you wan judge to review the Clerk's decision.				

LAW 929-A Rev. 12-29-2020