IN THE C	IRCUIT/COUNT IN AND FC	R		JL JL	IDICIAL CIRO DA	CUIT	
laintiff/Petitioner or In the Interest of	VS.						
efendant//Respondent							
APPLI	CATION FOR	DETE	RMINATION	OF CIVIL INDIG	ENT STAT	US	
otice to Applicant: If you qualify							aro not wai
	-		-				are not war
. I havedependents. (Inc Are you Married?YesNo	Does your Sp	oouse V	Vork?YesN	lo Annual Spou	se Income?		
. I have a net income of \$ Net income is your total income in ninus deductions required by law	ncluding salary,	wages	, bonuses, com	missions, allowand	es, overtim	/early () other _ e, tips and sim	ilar paymei
. I have other income paid() we Circle "Yes" and fill in the amount					yearly () c	other	·
econd Job	Yes \$	N	o Veterans' I	enefits		. Yes \$	No
ocial Security benefits For you	Vec ¢	NL	VVorkers co	mpensation	mboro	. Yes \$	No No
For child(ren)	1 с э φ Υρς \$		Stocke/bor	n absent lattilly file		· ι τος φ Υρς \$	NO
For child(ren) nemployment compensation nion payments etirement/pensions rusts	Yes \$	N	Rental inco	me		. Yes \$	No
nion payments	Yes \$	N	b Dividends	or interest		. Yes \$	No
etirement/pensions	Yes \$	N	Other kind	s of income not on	the list	. Yes \$	No
rusts	Yes \$	N	Gifts			. Yes \$	No
understand that I will be required rovided by law, although I may ag				erk in accordance v	vith §57.082	2(5), Florida St	atutes, as
I have other assets: (Circle "yes"	" and fill in the va	lue of th	e property, other	vise circle "No")			
ash	Yes \$	No	Savings accou	int		Yes \$	No
ank account(s)	Yes \$	No	Stocks/bonds			Yes \$	No
ertificates of deposit or			Homestead R	eal Property*		Yes \$	No
ertificates of deposit or loney market accounts							
oats*	Yes \$	No		ad real property/rea	I estate*	Yes \$	No
Check one: I () DO () DO NOT e	-	e more	Other assets* assets in the n	ear future. The ass		Yes \$	No
S		_					
5. I have total liabilities and deb §, Non-homestead Re §, Medical Bills \$	ots of \$	_ as fo	ollows: Motor V	ehicle \$	_, Home \$ <u>_</u>	, E	Boat
S, Non-homestead R	eal Property \$_		, Child Sup	port paid direct \$_	011	, Credit Cards	
▶, Medical Bills \$, Cost	of med	icines (monthly) \$	_, Other \$_	·	
ઠે. I have a private lawyer in this	s case	_Yes	No				
A person who knowingly provides fal F.S. commits a misdemeanor of the f have provided on this application is	first degree, pun	ishable	as provided in s.7	75.082, F.S. or s. 775			
F F. F			,				
Signed on	, 20						
			Signatu	e of Applicant for In	-		
Year of Birth Last 4 digits of Dr	river License or I		er Print Fu	e of Applicant for Ind I Legal Name Iumber/s:	-		
Year of Birth Last 4 digits of Dr Email address:	river License or I		er Print Fu	l Legal Name	-		
Year of Birth Last 4 digits of Dr Email address: Address: Street, City, State, Zip Code	river License or I		er Print Fu Phone N	l Legal Name lumber/s:			
Address: Street, City, State, Zip Code	river License or I	rk/Depu	er Print Fu Phone N	I Legal Name lumber/s: uthorized person.			
Address: Street, City, State, Zip Code This form was completed with the as Based on the information in this App	river License or I	rk/Depu	er Print Fu Phone N ty Clerk/Other a	I Legal Name lumber/s: uthorized person. TION			
Year of Birth Last 4 digits of Dr Email address: Address: Street, City, State, Zip Code This form was completed with the as Based on the information in this App F.S.	river License or I ssistance of:Cle	rk/Depu	er Print Fu Phone N ty Clerk/Other a	I Legal Name lumber/s: uthorized person. TION			
Signed on Year of Birth Last 4 digits of Dr Email address: Address: Street, City, State, Zip Code This form was completed with the as Based on the information in this App F.S. Dated on	river License or I ssistance of:Cle	rk/Depu	ty Clerk/Other a K'S DETERMINA and the applicant	I Legal Name lumber/s: uthorized person. TION	Not Indigent	- ., according to s	