

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT  
IN AND FOR FRANKLIN COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCACY OF \_\_\_\_\_

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

\_\_\_\_\_  
Name of Person with a Developmental  
Disability

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**  
**(FORM G)**

A person who knowingly provides false information to the Clerk of 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, F.S. **I attest that the information I have provided on this Application is true and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Year of Birth      Last 4 digits of Driver License or ID #.  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for Indigent Status  
Print Full Legal Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

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

**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.)  
Are you Married? YES or NO Does your Spouse work? YES or NO Annual Spouse Income? \$ \_\_\_\_\_

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, **minus** deductions required by law and other court-ordered payments such as child support.)

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			
Retirement/pensions.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No	absent family members.	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Trusts.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No	Rental income.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Veterans' benefits.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No	Dividends or interest....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
				Other kinds of income			
				Not on the list.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> 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:** (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/			
Money market accounts.....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No	Certificates of Deposit...	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Boats/other tangible property*..	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No	Homestead real estate....	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
*show loans on these assets				Non-homestead real			
In paragraph 5				Estate*	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
				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 is: \_\_\_\_\_.

5. **I have total liabilities and debts in the amount of \$ \_\_\_\_\_.** I have loan balances on asset in paragraph h4:  
Car/Motor Vehicle \$ \_\_\_\_\_; Homestead \$ \_\_\_\_\_; Non-homestead real estate \$ \_\_\_\_\_; Boat \$ \_\_\_\_\_;  
Other tangible property (identify here) \_\_\_\_\_ and loan balance of \$ \_\_\_\_\_.

**CLERK'S DETERMINATION**

Based on the information in this Application, I have determined the Applicant to be ☐ Indigent ☐ No Indigent, according to s. 57.082, F.S.

Dated on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court  
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 position:

\_\_\_\_\_  
Applicant