IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

	CASE NO.
Plaintiff/Petitioner or In the Interest Of	
VS.	
Defendant//Respondent	

<u>APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS</u>

1. I havedependen Are you Married?	ts. (Include only those persYesNo Does your Sp					
2. I have a net income of \$ (Net income is your total increquired by law and other calls)	come including salary, wage	es, bonuses, d	commissions, allowa	mi-monthly () monthly () nces, overtime, tips and) yearly () other _ similar payments,	minus deductions
3. I have other income pair (Circle "Yes" and fill in the a				() yearly () other	·	
Second Job	Yes \$	No		S		
Social Security benefits			Workers compen	sation	Yes \$ _	No
For you	Yes \$	No	Income from abs	ent family members	Yes \$ _	No
For child(ren)	Yes \$	No	Stocks/bonds		Yes \$ _	No
Unemployment compensation	onYes \$	No	Rental income		Yes \$ _	No
Union payments Retirement/pensions	Yes \$	No	Dividends or interest Other kinds of income not on the list		Yes \$ _	No No
Trusts	165 ⊅	No	Gifts			
Trusts	1 ε5 φ	NO	Gills		165 φ _	NO
4. I have other assets: (Cit	rcle "Yes" and fill in the valu	ue of the prop				
Cash	Yes \$	No				
Bank account(s)	res \$	NO	Stocks/bonds	Property*	Yes \$ _	NO
Certificates of deposit or money market accounts	Voc ¢	No	Motor Vobiclo*		Yes \$ _	INO
Boats*			Non-homestead	real property/real estate*	τες φ _ Vec ¢	No
show loans on these asset		NO	Other assets		Yes \$	No
Check one: I () DO () DO	NOT expect to receive m	oro accote in	the poor future. The	accet is		
5. I have total liabilities an Real Property \$	d debts of \$ as	follows: Moto	or Vehicle \$, Home \$	_, Boat \$, Non-homestead
(monthly) \$	_, Child Support paid direct	\$	_, Credit Cards \$, Medical Bills \$	5, Cos	st of medicines
6. I have a private lawyer i				indigent status under ES 27 F	52 commite a micdom	capar of the first degree
	775.082 or 775.083. I attest that					
Signed onday of	, 20	<u></u>				
				Signature of Applicant for	Indigent Status	
Date of Birth Last four	digits of Driver License or ID numl	oer		D'IE III IN		
Address				Print Full Legal Name		
				Phone Number:		
Gity, State, Zip Gode				Email Address:		
Clerk/Deputy Clerk/Oth	er authorized person					
	•					
Dd	- 4bi- A1i4i I b		'S DETERMINAT			57.092 E.S
Based on the information in Dated this day					t, according to s. :	57.082, F.S. —
			Clerk & Comptro	oller		Denuty Clerk
						, Deputy Clerk
APPLICANTS FOUND NOTHERE IS NO FEE FOR THE Sign here if you want the jud	IIS REVIEW.		W BY A JUDGE BY	ASKING FOR A HEARI	NG TIME.	

Rev. 1/5/2021