

**IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR HERNANDO COUNTY, FLORIDA**

CITATION NUMBER: _____

Defendant _____

Parent/Guardian _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: This form must be filed to enable you to perform community work hours (CWH) in lieu of fines on a non-criminal traffic citation. A fee of \$7.00 will be due upon submission.

- Total Number in Household** _____ (Include yourself, spouse and any dependants)
- Total household income of \$** _____ paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____ . (Net income is total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered payments such as child support.)
- I have other household income** paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____ (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Veterans' benefits	Yes \$ _____ No	Income from absent family members.	Yes \$ _____ No
Unemployment compensation	Yes \$ _____ No	Stocks/bonds	Yes \$ _____ No
Union Payments	Yes \$ _____ No	Rental Income.	Yes \$ _____ No
Workers compensation	Yes \$ _____ No	Dividends or interest	Yes \$ _____ No
Retirement/pensions	Yes \$ _____ No	Social Security benefits	
Trusts	Yes \$ _____ No	For you	Yes \$ _____ No
Other kinds of income not on the list . . .	Yes \$ _____ No	For child(ren)	Yes \$ _____ No
Gifts	Yes \$ _____ No	Second Job	Yes \$ _____ No

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$ _____ No	Savings account	Yes \$ _____ No
Bank account(s)	Yes \$ _____ No	Stocks/bonds	Yes \$ _____ No
Certificates of deposit or		Homestead Real Property*	Yes \$ _____ No
Money market accounts	Yes \$ _____ No	Motor Vehicle*	Yes \$ _____ No
Boats*	Yes \$ _____ No	Non-homestead real property/real estate* . .	Yes \$ _____ No

* show loans on these assets in paragraph 5

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 of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) _____, Other _____.

6. I have a private lawyer in this case Yes _____ No _____

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 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 this _____ day of _____, 20____.

Date of Birth of Defendant/Parent or Guardian

DL or ID Number

Signature of Defendant/Parent or Guardian
Print Full Legal Name _____

Address, PO Box, Street, City, State, Zip Code
Phone Number: _____

This form was completed with the assistance of: _____
Deputy Clerk/Other authorized person

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 this _____ day of _____, 20____.

DON BARBEE, JR., Clerk of the Circuit Court

Deputy Clerk