

**6 Pages**  
**\$.90**

Forms Associated with Florida Supreme Court Forms for Filing a

**APPLICATION FOR DETERMINATION  
OF  
CIVIL INDIGENCE**

Revised December 1, 2015  
For Forms Revised 11-2015

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

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

Plaintiff/Petitioner or In the Interest Of
vs.

Defendant//Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ \_\_\_\_\_

2. I have a net income of \$ \_\_\_\_\_ paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other
(Net income is your 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.)

3. I have other 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")

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

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §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: (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 money market accounts..... Yes \$ \_\_\_\_\_ No Homestead Real Property\*..... Yes \$ \_\_\_\_\_ No
Boats\*..... Yes \$ \_\_\_\_\_ No Motor Vehicle\*..... 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 \_\_\_\_\_ Driver's License or ID Number \_\_\_\_\_

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

Address, P O Address, Street, City, State, Zip Code

**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 \_\_\_\_.

Clerk of the Circuit Court by \_\_\_\_\_

This form was completed with the assistance of: \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person.

**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 decision \_\_\_\_\_

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW  
FORM 12.915, DESIGNATION OF CURRENT MAILING AND E-MAIL  
ADDRESS (11/15)**

**When should this form be used?**

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

**What should I do next?**

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

**IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

**Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there.

**Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure**  
Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and Email Address  
(11/15)

**from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,  
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent.

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that  
my current mailing address is: *{Street}* \_\_\_\_\_  
*{City}* \_\_\_\_\_, *{State}* \_\_\_\_\_ *{Zip}* \_\_\_\_\_  
*{Telephone No.}* \_\_\_\_\_ *{Fax No.}* \_\_\_\_\_.

I designate as my current e-mail address(es): \_\_\_\_\_  
\_\_\_\_\_

**I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.**

I certify that a copy of this document was ( ) e-mailed ( ) mailed ( ) faxed  
( ) hand-delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
*[Print, type, or stamp commissioned name of notary or clerk.]*

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:  
*{name of individual}* \_\_\_\_\_,  
*{name of business}* \_\_\_\_\_,  
*{street}* \_\_\_\_\_,  
*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zipcode}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.