IN THE C	IRCUIT/COUNT	TY COUF	RT OF THE	COUNTY, FLC	JUDICIAL CIR	CUIT	
					CASE NO		
aintiff/Petitioner or In the Interest of	VS.						
efendant//Respondent	·····						
•				N OF CIVIL IND		2119	
			-	-			
lotice to Applicant: If you qualify	-		-			osts and tees	s are not war
. I havedependents. (Ind Are you Married?YesNo						°\$	
. I have a net income of \$ Net income is your total income ir ninus deductions required by law	ncluding salary	, wages	, bonuses, c	ommissions, allowa	ances, overtim		
8. I have other income paid() we Circle "Yes" and fill in the amount			f income, otl	nerwise circle "No")			
Second Job	Yes \$	N	o Veteran	s' benefits		Yes \$	No
ocial Security benefits For you	Yes \$	N	o Income	s compensation from absent family	members	res ֆ Yes \$	No No
For child(ren)	Yes \$	N	5 Stocks/I	oonds		Yes \$	No
For child(ren) Inemployment compensation Inion payments tetirement/pensions	Yes §	N	Rental i	ncome		Yes \$	No
nion payments	Yes \$	No	Dividen	ds or interest		Yes \$	
etirement/pensions rusts	res \$ Yes \$	N	D Other ki	nds of income not			No No
understand that I will be required rovided by law, <u>although I may ac</u>					e with §57.082	2(5), Florida S	statutes, as
I have other assets: (Circle "yes	" and fill in the va	alue of th	e property, otl	nerwise circle "No")			
ash							
ank account(s)							
ertificates of deposit or oney market accounts	Vac	Na	Homestead	Real Property*		Yes \$	No
oats*	Yes \$		Notor Venic	cle"	roal actato*	Yes \$	No
0815	ies p		Other asse			res <u>\$</u> Yes \$	No No
Check one: I()DO()DO NOT e s	-	/e more				100 ¢	
5. I have total liabilities and deb		as fo	ollows: Moto	r Vehicle \$	Home \$		Boat
S, Non-homestead R S, Medical Bills \$	eal Property \$	t of med	, Child S	Support paid direct hlv) \$	\$, Other \$, Credit Card	ls
6. I have a private lawyer in this				No	,		
A person who knowingly provides fa F.S. commits a misdemeanor of the f							
have provided on this application is	true and accura	ate to th	e best of my	knowledge.			
Signed on	, 20						
Year of Birth Last 4 digits of D				ture of Applicant for	-		
Email address:				Full Legal Name e Number/s:			
						,	
Address: Street, City, State, Zip Code							
This form was completed with the as	ssistance of:					_	
	Cle	erk/Depu	ty Clerk/Othe	r authorized person.			
		-	RK'S DETERMI ned the applic	-	() Not Indigen	t, according to	s. 57.082,
	olication, I have						
F.S.							
Based on the information in this App F.S. Dated on			Clerk	of the Circuit Court			