IN THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT IN AND FOR PASCO COUNTY, FLORIDA

In the Interest of

In the Interest of	Case Number:					
	APPLICATION FOR DET (Dependency and					
Notice to Applicant: You must pay an applic	ation fee of \$50.00 and if you qualify for	civil indigence you mi	ust enroll in the Clerk and C	omptroller's Office payme	ent plan.	
1. I havedependents. Are you n	narried? Yes No					
 I have income of \$				minus deductions requi	red by law and othe	er court ordered
3. I have other income ${\sf paid}$ () weekly () every two weeks () monthly () ye	early () other				
(Circle "Yes" and fill in the amount if you	a have this kind of income, otherwise circ	cle "No")				
Second Job Social Security Benefits For you For child(ren) Unemployment Compensation Union Payments Retirement/Pensions	Yes \$ No Work Yes \$ No Incor		Yes \$ No Yes \$ No Yes \$ No Yes \$ No	Stocks/bonds Rental Income Dividends/Income Other kinds of interest not on list		No No
4. I have assets: (Circle "Yes" and fill in the	e value of the property, otherwise circle "	"No")				
Cash Bank Account(s) Certificates of Deposit Car* Boat	Yes \$ No Yes \$ No Yes \$ No Yes \$ No Yes \$ No		Savings account Stocks/bonds Money market fund Homestead Real property Non-homestead real proper		Yes \$	No No No
*Show loans on these assets in paragraph 5.	You may have \$2500 in equity in proper	ty and \$5000 equity ir	n a car and still be indigent.			
I expect to have more of these items in the ne	ar future. Yes No If yes, that proper	ty is				
5. My total liabilities and debts are as follo	WS:					
Home \$ Car Credit cards \$ Loans Non-homestead real property \$	\$ Medical Bill \$ Total	ls \$ \$				
6. It would be a substantial hardship to pa	ay any fees or costs in this matter bec	cause:				
7. Cost of medicines (monthly) \$						
A person who knowingly provides false inform degree, punishable as provided in s. 775.08 knowledge .						
Signed this day of						
		Signature of Appli	cant for Indigent Status			-
Date of Birth		Print full legal nan	ne			
Drivers License or ID Number		Address City, State, Zip Phone number				
	רו בטע אאויה כ	OMPTROLLER'S				
Based on the information in this Applicat						
Dated this day of		D	eputy Clerk			
This form wa	s completed with the assistance of	_	eputy Clerk/Other author	ized person		
APPLICANTS FOUND NOT INDIGENT decision of not indigent.		FOR A HEARING	TIME. Sign here if you	want the judge to rev	iew the Clerk and	d Comptroller's