

**IN THE SUPREME COURT OF FLORIDA**

**CASE NOS.: SC05-1103 & SC04-2492**

**IN RE: APROVAL OF APPLICATION FOR DETERMINATION OF  
INDIGENT STATUS FORMS FOR USE BY CLERKS;  
AMENDMENT TO FLORIDA RULE OF CRIMINAL PROCEDURE  
3.984**

**IN RE: AMENDMENTS TO THE FLORIDA SUPREME COURT  
APPROVED FAMILY LAW FORMS—DETERMINATION OF  
INDIGENCE FORMS**

**COMMENTS OF JUVENILE COURT RULES COMMITTEE**

Alan Abramowitz, Chair, Juvenile Court Rules Committee, and John F. Harkness, Jr., Executive Director, The Florida Bar, file these comments on the Application for Determination of Civil Indigent Status form approved by the Court on June 30, 2005. Although the comment period set by the court expired August 30, 2005, the Court granted the Committee's motion for extension to comment on or before September 16, 2005, in its order dated September 8, 2005. The Committee filed comments with the Court on September 14, 2005, indicating that it was developing a replacement form for use in dependency and termination of parental rights cases and that it would file a revised form after its January 2006 meeting. The Committee considered and approved a revised form by a vote of 18-0-1 at its January 19, 2006, meeting which it is now filing with the Court. These comments

have been reviewed by the The Florida Bar Board of Governors and approved by a vote of 29-0.

The Committee believes that the civil indigency form does not meet the needs of juvenile dependency and termination of parental rights cases, in which appointment of counsel may be authorized by section 39.013(9), Florida Statutes. Accordingly, it has modified the Application for Determination of Civil Indigent Status as follows:

1. The style has been changed to conform to dependency and termination of parental rights cases. See *Fla. R. Juv. P.* 8.220.
2. The “Notice to Applicant” has been deleted, because payment plans do not apply to dependency cases in which there is no filing fee.
3. To conform with the layout of the Federal/Department of Health and Human Services poverty level income chart, the number of persons in the household should include the applicant and children, even if temporarily removed from the home, and should inquire about a spouse. Item 1. has been modified accordingly.
4. Phrases have been changed to conform to statutory language:
  - a. “take home pay” in item 2. has been changed to “net income,” see § 57.082(1)(a)1, Fla. Stat.;
  - b. in item 3., “child support or regular support from family

members/spouse” has been changed to “income from absent family members,” see § 57.082(1)(a)2, Fla. Stat.; and

c. in item 4., the phrase “expectancy of an interest in real estate” has been changed to two items, “I do or I do not expect to have more of any of these items in the near future,” see § 57.082(2)(a)2, Fla. Stat.

5. Statutory parameters have been added for ease of use by the parties and the clerk, including

a. in item 4, the exception of \$5000 value for a vehicle, see § 57.082(2)(a)2, Fla. Stat.;

b. in item 6, an explanation of the “substantial hardship” evaluation, see § 57.082(4)(a)1, Fla. Stat.; and

c. in item 3., an explanation of the limitation of 2% of net income for payment plan, see § 57.082(5), Fla. Stat.

6. The question about a private lawyer has been deleted because consideration of this is not authorized by statute.

7. The question on liabilities and debts has been broken out to include a list of the type payments that should be included for clarity for the applicant.

8. Because medical expenses are often a significant hardship for applicants, item 7. has been added to provide information on the cost of

medication.

9. The item about seeking judicial review has been moved to the bottom of the form and reworded. As amended, it allows the party to use this form to request review if determined not to be indigent. See § 57.082(2)(e), Fla. Stat.

The Juvenile Court Rules Committee respectfully asks the Court to adopt the revised form for use in dependency and termination of parental rights cases as shown in Appendix A.

**CERTIFICATE OF SERVICE**

I certify that a copy of these comments were provided by U.S. mail on  
\_\_\_\_\_ to:

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Respectfully submitted \_\_\_\_\_.

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## **APPENDIX A**

IN THE CIRCUIT/COUNTY COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

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

\_\_\_\_\_  
**Plaintiff/Petitioner or In the Interest of**  
**vs.**

\_\_\_\_\_  
**Defendant/Respondent**

**APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS**  
**(Dependency and Termination of Parental Rights cases)**

**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.

1. I have \_\_\_\_\_ dependents. (Do not include children not living at home and do not include a working spouse or yourself. Include only those persons you list on your U.S. income tax.) **Are you married?** yes ~~no~~ **Does your spouse work?** yes ~~no~~.

2. I have a ~~take home~~ net income of \$ \_\_\_\_\_ paid ( ) weekly ( ) bi-weekly every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_  
(Take home income equals 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 support payments such as child support)

3. I have other income paid ( ) weekly ( ) bi-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			Workers' compensation	Yes \$ _____	No _____
For you	Yes \$ _____	No _____	Child support or other regular support		
For child(ren)	Yes \$ _____	No _____	from family members/spouse	Yes \$ _____	No _____
Unemployment compensation	Yes \$ _____	No _____	Income from absent family		
Union funds payments	Yes \$ _____	No _____	members	Yes \$ _____	No _____
Retirement/pensions	Yes \$ _____	No _____	Stocks/bonds	Yes \$ _____	No _____
Trust or gifts	Yes \$ _____	No _____	Rental income	Yes \$ _____	No _____
Gifts	Yes \$ _____	No _____	Dividends or interest	Yes \$ _____	No _____
			Other kinds of income		
			not on list	Yes \$ _____	No _____

4. I have 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 _____
Certificate of deposit	Yes \$ _____	No _____	Money market fund	Yes \$ _____	No _____
*Equity in Motor vehicles/boat	Yes \$ _____	No _____	*Equity in Real property		
			/real estate (excluding		
			homestead)	Yes \$ _____	No _____
Other tangible property	Yes \$ _____	No _____	Car	Yes \$ _____	No _____
*include expectancy of an interest in such property					

You may have \$2500 equity in property and \$5000 equity in a car and still be indigent.

\_\_\_\_\_ I do not expect to have more of any of these items in the near future  
\_\_\_\_\_ I do expect to receive more property in the near future. That property is \_\_\_\_\_.

5. I have a total amount of liabilities and debts in the amount of \$ \_\_\_\_\_, as follows:

Credit cards	\$ _____
Loans	\$ _____
Medical bills	\$ _____
Car	\$ _____
Home	\$ _____
Total**	\$ _____



\*\*I understand that I will be required to make payments for fees and costs to the clerk of no more than 2% of my net income monthly. If that amount would affect your ability to support your family, complete the following question:

**6. It would be a substantial hardship to pay any fees or costs in this matter because** \_\_\_\_\_  
\_\_\_\_\_

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

**7. Cost of medicines (monthly) \$** \_\_\_\_\_.

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 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

\_\_\_\_\_  
Drivers license or ID number

\_\_\_\_\_  
Signature of applicant for indigent status

\_\_\_\_\_  
Print full legal name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone number

**NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review by filing a petition with the court.**

**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

\_\_\_\_\_  
This form was completed with the assistance of

\_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person

**APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.** Sign here if you want the judge to review the clerk's decision of not indigent. \_\_\_\_\_