

IN THE PUBLIC WORK'S OFFICE OF THE CITY OF JACKSONVILLE IN AND FOR DUVAL COUNTY, FLORIDA

Petitioner or In the Interest of

PUBLIC WORK'S APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

- 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 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 \$ Rental income..... Yes \$ No
No Union payments Yes \$ Dividends or interest.....Yes \$ No
Retirement/pensions Yes \$ Other kinds of income not on the list ... Yes \$ No
Trusts Yes \$ Gifts 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/bondsYes \$ 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
Other assets* Yes \$ No

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 \$, Boat \$, Non-homestead Real Property \$, Child Support paid direct \$, Credit Cards \$, Medical Bills \$, Cost of medicines (monthly) \$, Other \$.
6. A person who knowingly provides false information to the City of Jacksonville in seeking a determination of indigent status under 837.012, F.S. commits a misdemeanor of the second 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 on _____, 20____.

(above)Signature of Applicant for Indigent Status*

(above)Print Full Legal Name*

(above) Year of Birth.

(above) Last 4 digits of Driver License or ID Number*

Email address: _____

Phone Number/s*: _____

(above)Address: Street, City, State, Zip Code

This form was completed with the assistance of: _____

Authorized person.

PUBLIC WORK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent,.

Dated on _____, 20 ____.

PUBLIC WORKS

By _____ Approver