

IN THE CIRCUIT/COUNTY COURT OF THE 17th JUDICIAL CIRCUIT
IN AND FOR BROWARD COUNTY, FLORIDA

Pompano Sr. Squadron Flying Club
Plaintiff/Petitioner or in the Interest Of

vs. Carl L. Kennedy
Defendant/Respondent

CASE NO. CA20-005993

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 2 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? \$ 9,600.00
2. I have a net income of \$ 12,000 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 \$ _____ | <input checked="" type="radio"/> No | Veterans' benefits..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| Social Security benefits | | | Workers compensation..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| For you..... | Yes \$ _____ | <input checked="" type="radio"/> No | Income from absent family members..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| For child(ren)..... | Yes \$ _____ | <input checked="" type="radio"/> No | Stocks/bonds..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| Unemployment compensation..... | Yes \$ _____ | <input checked="" type="radio"/> No | Rental income..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| Union payments..... | Yes \$ _____ | <input checked="" type="radio"/> No | Dividends or interest..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| Retirement/pensions..... | Yes \$ _____ | <input checked="" type="radio"/> No | Other kinds of income not on the list..... | Yes \$ _____ | <input checked="" type="radio"/> No |
| Trusts..... | Yes \$ _____ | <input checked="" type="radio"/> No | Gifts..... | Yes \$ _____ | <input checked="" type="radio"/> 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 \$ 200.00 No No
Bank account(s)..... Yes \$ 1200.00 No No
Certificates of deposit or money market accounts..... Yes \$ _____ No No
Boats*..... Yes \$ _____ No No
Savings account..... Yes \$ _____ No No
Stocks/bonds..... Yes \$ _____ No No
Homestead Real Property*..... Yes \$ _____ No No
Motor Vehicle*..... Yes \$ _____ No No
Non-homestead real property/real estate*..... Yes \$ _____ No 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 \$ 2,500.00 as follows: Motor Vehicle \$ 0, Home \$ 0, Other Real Property \$ 0, Child Support paid direct \$ 40,000, Credit Cards \$ 25,000, Medical Bills \$ 0, Cost of medicines (monthly) \$ 0, Other \$ 2,435,000.00 (IRS)

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 17th day of October, 2020
6/7/17 Date of Birth K53D1325T2010 Driver's License or ID Number

2929 S. Ocean Blvd, #510,
Address, P O Address, Street, City, State, Zip Code
Boca Raton, FL 33432

1/s/ Carl L Kennedy
Signature of Applicant for Indigent Status
Print Full Legal Name Carl L Kennedy,
Phone Number: 304-552-0206
Email: clktax@aol.com

Indigent

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 _____.

OCT 15 2020

Clerk of the Circuit Court by Natisha Johnson

This form was completed with the assistance of:

Clerk/Deputy Clerk/Other authorized person.



Natisha Johnson

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 _____