

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT, IN AN FOR CITRUS  
COUNTY, FLORIDA**

**ADMINISTRATIVE ORDER: C 2014-43**

**IN RE: REQUIRING BOTH PARTIES SEEKING  
CIVIL INDIGENT STATUS TO FILE APPLICATIONS  
FOR DETERMINATION WITH ALL JOINT PETITIONS**

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**WHEREAS**, Rule 12.015 of the Florida Family Law Rules of Procedure allows both parties to file a Petition for Simplified Dissolution of Marriage when no dependent or minor children were born during the marriage and the Wife is not Pregnant, and the Parties have made a satisfactory division of their property and joint obligations; and

**WHEREAS**, Chapter 63 of the Florida Statute allows for the filing of Joint Petitions for Step-Parent Adoptions; and

**WHEREAS**, Parties routinely file Joint Petitions seeking establishment and modification of issues in family law cases as defined by Rule 12.010(1) of the Florida Family Law Rules of Procedures; and

**WHEREAS**, pursuant to section 57.081, Florida Statutes, Parties may seek relief from the payment of filing fees and prepayment of costs by filing of an Application for Determination Civil Indigent Status with the clerk of court; it is thereupon,

**ORDERED AND ADJUDGED** as follows:

1. Prior to the Court accepting a Simplified Dissolutions of Marriage, Name Changes, Joint Petition for Adoption by Step-parent, or any other jointly filed family matter of relief case, each party seeking indigent status must complete an Application for Determination of Civil Indigent Status and a Supreme Court Family Law Financial Affidavit, for court review, and also be willing to provide proof of income or proof of unemployment when seeking relief from payment of filing fees and prepayment of costs. (Copy of Financial Affidavit attached to Administrative Order).
2. If both Parties fail to qualify for indigent status as defined by section 57.082(2), Florida Statutes, the filing fee and costs shall be equally divided between the Parties. If only one

Party qualifies for indigent status the non-qualifying Party shall be responsible for the payment of all filing fees and costs.

3. The courts will have seven to ten (7-10) business days to evaluate Application for Determination of Civil Indigent Status, and the Supreme Court Family Law Financial Affidavit. The Parties seeking indigence status shall file within seven to ten (7-10) business days from, date of the Court's request, additional supporting documents to include proof of income and proof of unemployment. The Parties will be notified by letter, of the courts determination of current indigent status. If the Parties are indeed deemed indigent after filing Application for Determination of Civil Indigent Status and Supreme Court Family Law Financial Affidavit, filing fees and summons fee will be waived. If the Parties are not indigent after filing Application for Determination of Civil Indigent Status and Supreme Court Family Law Financial Affidavit then will have seven to ten (7-10) business days to make payments arrangements with the Clerks.
4. Failure to file required Application for Determination of Civil Indigent Status, Supreme Court Family Law Financial Affidavit, and any supporting documents as directed by the Court, will result in determination of non-indigent status, and will be required to pay filing fees.
5. Fees that remain unaddressed or unpaid are subject to collection per statute 28.246 (6), or issued a Judgment Lien.
6. Upon vacating the determination of indigence the Party is required to pay the appropriate fees. If the fees are not paid within thirty (30) days of the Court's order, the case shall be automatically dismissed without prejudice.
7. If the pleadings were prepared by a form service or paralegal service, the petitioner will not be found indigent and must pay the filing fee before the case is set for trial or final hearing, 57.081, Florida Statute (2014). Any disputes over the filing fee shall be resolved by the judge assigned to the case.

**DONE AND ORDERED** in Chambers at Inverness, Citrus County, Florida on this 2  
day of Sept, 2014.

  
\_\_\_\_\_  
**PATRICIA V. THOMAS**  
**ADMINISTRATIVE JUDGE**  
**CITRUS COUNTY**

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

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,  
and

\_\_\_\_\_  
Respondent.

### FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

(Under \$50,000 Individual Gross Annual Income)

I, {full legal name} \_\_\_\_\_, being sworn, certify that the following information is true:

My Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Business Address: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_  every week  every other week  twice a month  monthly  
 other: \_\_\_\_\_

Check here if unemployed and explain on a separate sheet your efforts to find employment.

#### SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. \$ \_\_\_\_\_ Monthly gross salary or wages
2. \_\_\_\_\_ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. \_\_\_\_\_ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.)
4. \_\_\_\_\_ Monthly disability benefits/SSI
5. \_\_\_\_\_ Monthly Workers' Compensation
6. \_\_\_\_\_ Monthly Unemployment Compensation
7. \_\_\_\_\_ Monthly pension, retirement, or annuity payments
8. \_\_\_\_\_ Monthly Social Security benefits
9. \_\_\_\_\_ Monthly alimony actually received (Add 9a and 9b)
  - 9a. From this case: \$ \_\_\_\_\_
  - 9b. From other case(s): \_\_\_\_\_
10. \_\_\_\_\_ Monthly interest and dividends
11. \_\_\_\_\_ Monthly rental income (gross receipts minus ordinary and necessary expenses)

required to produce income) (Attach sheet itemizing such income and expense items.)

12. \_\_\_\_\_ Monthly income from royalties, trusts, or estates
13. \_\_\_\_\_ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. \_\_\_\_\_ Monthly gains derived from dealing in property (not including nonrecurring gains)
15. \_\_\_\_\_ Any other income of a recurring nature (list source) \_\_\_\_\_
16. \_\_\_\_\_
17. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY GROSS INCOME** (Add lines 1–16)

**PRESENT MONTHLY DEDUCTIONS:**

18. \$ \_\_\_\_\_ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
  - a. Filing Status \_\_\_\_\_
  - b. Number of dependents claimed \_\_\_\_\_
19. \_\_\_\_\_ Monthly FICA or self-employment taxes
20. \_\_\_\_\_ Monthly Medicare payments
21. \_\_\_\_\_ Monthly mandatory union dues
22. \_\_\_\_\_ Monthly mandatory retirement payments
23. \_\_\_\_\_ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. \_\_\_\_\_ Monthly court-ordered child support actually paid for children from another relationship
25. \_\_\_\_\_ Monthly court-ordered alimony actually paid (Add 25a and 25b)
  - 25a. from this case: \$ \_\_\_\_\_
  - 25b. from other case(s):\$ \_\_\_\_\_
26. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**  
(Add lines 18 through 25).
27. \$ \_\_\_\_\_ **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17)

**SECTION II. AVERAGE MONTHLY EXPENSES**

**A. HOUSEHOLD:**

Mortgage or rent \$ \_\_\_\_\_  
 Property taxes \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Meals outside home \$ \_\_\_\_\_  
 Maintenance/Repairs \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

Gasoline \$ \_\_\_\_\_  
 Repairs \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

**C. CHILD(REN)'S EXPENSES**

Day care \$ \_\_\_\_\_  
 Lunch money \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Grooming \$ \_\_\_\_\_  
 Gifts for holidays \$ \_\_\_\_\_  
 Medical/Dental (uninsured) \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

Medical/Dental \$ \_\_\_\_\_  
 Child(ren)'s medical/dental \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

Clothing \$ \_\_\_\_\_  
 Medical/Dental (uninsured) \$ \_\_\_\_\_  
 Grooming \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Gifts \$ \_\_\_\_\_  
 Religious organizations \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR:	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. \$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above)

**SUMMARY**

29. \$ \_\_\_\_\_ **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I. INCOME)  
 30. \$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES** (from line 28 above)  
 31. \$ \_\_\_\_\_ **SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)  
 32. (\$ \_\_\_\_\_) **(DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)

**SECTION III. ASSETS AND LIABILITIES**

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

**A. ASSETS:**

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		husband	wife
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
<input type="checkbox"/> Check here if additional pages are attached.			
<b>Total Assets (add next column)</b>	<b>\$</b>		

**B. LIABILITIES:**

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
Mortgages on real estate: First mortgage on home	\$		
Second mortgage on home			
Other mortgages			
Auto loans			
Charge/credit card accounts			
Other			

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Check here if additional pages are attached.			
<b>Total Debts</b> (add next column)	\$		

**C. CONTINGENT ASSETS AND LIABILITIES:**

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	Possible Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	\$		

**SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET**

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check one only]

A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [check all used]:  e-mailed  mailed  faxed  hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known  
 Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one}  Petitioner  Respondent  
This form was completed with the assistance of:

{name of individual} \_\_\_\_\_  
{name of business} \_\_\_\_\_  
{address} \_\_\_\_\_  
{city} \_\_\_\_\_ {state} \_\_\_\_\_ {telephone number} \_\_\_\_\_