



IN THE CIRCUIT/COUNTY COURT OF THE Fifth JUDICIAL CIRCUIT
IN AND FOR Hernando COUNTY, FLORIDA

Jovite C. Palardis
Plaintiff/Petitioner or In the Interest of
Hernando County
Defendant/Respondent

CASE NO. 2024-SM-01
2023-19657

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

1. I have 0 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 <input checked="" type="radio"/> | Veterans' benefits | 100% disabled | Yes <input checked="" type="radio"/> | \$ 50208 | No _____ |
| Social Security benefits | For you | Yes <input checked="" type="radio"/> | \$ 8724 | No <input type="radio"/> | Workers compensation | Yes <input checked="" type="radio"/> | \$ _____ No <input type="radio"/> |
| | For child(ren) | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Income from absent family members | Yes <input checked="" type="radio"/> | \$ _____ No <input type="radio"/> |
| Unemployment compensation | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Stocks/bonds | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> |
| Union payments | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Rental income | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> |
| Retirement/pensions | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Dividends or interest | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> |
| Trusts | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Other kinds of income not on the list | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> |
| | | | | Gifts | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> |

I understand that I will be required to make payments for 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 \$ _____ | No <input checked="" type="radio"/> | Savings account | Yes \$ _____ | No <input checked="" type="radio"/> | |
| Bank account(s) | Yes <input checked="" type="radio"/> | \$ _____ | No <input type="radio"/> | Stocks/bonds | Yes \$ _____ | No <input checked="" type="radio"/> |
| Certificates of deposit or | | | Homestead Real Property* | Yes <input checked="" type="radio"/> | \$ 341,000 | No <input type="radio"/> |
| Money market accounts | Yes \$ _____ | No <input checked="" type="radio"/> | Motor Vehicle* | Yes <input checked="" type="radio"/> | \$ 32,000 | No <input type="radio"/> |
| Boats* | Yes \$ _____ | No <input checked="" type="radio"/> | Non-homestead real property/real estate* | Yes <input checked="" type="radio"/> | \$ 20,000 | No <input type="radio"/> |
| | | | Other assets* | Yes \$ _____ | No <input checked="" type="radio"/> | |

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 \$400,000 as follows: Motor Vehicle \$32,000, Home \$341,000, Boat \$ _____, Non-homestead Real Property \$20,000, Child Support paid direct \$ _____, Credit Cards \$14,000, Medical Bills \$ _____, Cost of medicines (monthly) \$100, Other \$ _____

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 on May 13, 2024.
1948 386-0
 Year of Birth Last 4 digits of Driver License or ID Number
 Email address: jpaldaris48@gmail.com
18008 Retriever Rd, Brooksville, FL 34614
 Address: Street, City, State, Zip Code

Jovite C. Palardis
 Signature of Applicant for Indigent Status
 Print Full Legal Name Jovite C. Palardis
 Phone Number/s: 352-220 9436

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person.

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 on May 13, 2024.

91210 91111002

Clerk of the Circuit Court
By [Signature]
Deputy Clerk



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 _____