IN THE CIRCUIT/COUNTY COURT OF THE 7th JUDICIAL CIRCUIT

IN AND FOR ST. JOHN’S COUNTY, FLORIDA

STATE OF FLORIDA CASE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

**DEFENDANTS REQUEST TO PERFORM COMMUNITY SERVICE HOURS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request to “work off” my fine/ court cost by doing community service. The reason for this request is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have completed the attached Affidavit of Insolvency before a Notary Public.

Defendants Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendants Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant must pay late fee (if applicable) and suspension fee to receive the driver license clearance form.

Under penalty of perjury, I hereby swear that the above information is true to the best of

my knowledge and belief.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Signature

Amount of fine/court cost: $\_\_\_\_\_\_\_\_ Total Outstanding: $\_\_\_\_\_\_\_\_

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vs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

**AFFIDAVIT OF INSOLVENCY FOR COMMUNITY SERVICE HOURS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, being first duly sworn, depose and make under oath the following statement regarding my age, marital status, dependents and financial status.

Age \_\_\_\_\_\_ Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated

Number of dependents, if any: \_\_\_\_\_\_

If minor, names and addresses of parents:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Status: Gross income [ ] Per Week $\_\_\_\_\_\_ [ ] Bi-Weekly $\_\_\_\_\_\_ or [ ] Monthly $\_\_\_\_\_\_

I have other income paid [ ] Weekly [ ] Bi-Weekly [ ] Semi-Monthly [ ] Monthly [ ] Yearly: $\_\_\_\_\_\_\_\_

*Circle “Yes” and fill in the amount if you have this kind of income, otherwise circle “No”*

Social Security benefits………... Yes $\_\_\_\_\_\_\_\_\_\_ No Veterans’ benefit……………...... Yes $\_\_\_\_\_\_\_\_\_\_ No

Unemployment compensation… Yes $\_\_\_\_\_\_\_\_\_\_ No Child support or other regular support from

Union Funds…………………..… Yes $\_\_\_\_\_\_\_\_\_\_ No family members/spouse……… Yes $\_\_\_\_\_\_\_\_\_\_ No

Workers compensation………… Yes $\_\_\_\_\_\_\_\_\_\_ No Rental income…………………… Yes $\_\_\_\_\_\_\_\_\_\_ No Retirement/pensions………..….. Yes $\_\_\_\_\_\_\_\_\_\_ No Dividends or interest……..…….. Yes $\_\_\_\_\_\_\_\_\_\_ No

Trusts or gifts……….………....... Yes $\_\_\_\_\_\_\_\_\_\_ No Other kinds of income…….…… Yes $\_\_\_\_\_\_\_\_\_\_ No

**I have other assets:** *(Circle “yes” and fill in the value of the property, otherwise circle “No”)*

Cash………………………………. Yes $\_\_\_\_\_\_\_\_\_\_ No Savings………………………… Yes $\_\_\_\_\_\_\_\_\_\_ No

Bank account(s)..……………….. Yes $\_\_\_\_\_\_\_\_\_\_ No Stocks/bonds………………….. Yes $\_\_\_\_\_\_\_\_\_\_ No

Certificates of deposit or \*Equity in Real estate

money market accounts….….. Yes $\_\_\_\_\_\_\_\_\_\_ No (excluding homestead)……… Yes $\_\_\_\_\_\_\_\_\_\_ No

\*Equity in Motor vehicles/Boat… Yes $\_\_\_\_\_\_\_\_\_\_ No \*include expectancy of an interest in such property

Other tangible property

Value of real estate (home, lot, etc.) which I own, have equity in, or have the expectancy of an interest in $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have a total amount of liabilities and debts in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I receive:** *(Circle “Yes” or “No”)*

Temporary Assistance for Needy Families-Cash Assistance………………………..………….…. Yes No

Poverty- related veterans’ benefits………………………………………….…………………..…….. Yes No

Supplemental Security Income (SSI)………………………………………………………………….. Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, 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 \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Signature of Applicant for Indigent Status

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License or ID Number Print Full Legal Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email City, State, Zip

STATE OF FLORIDA

COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public/Deputy Clerk