

EXHIBIT

K

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

Bonnie Kurawski - Alicea
Plaintiff/Petitioner or In the Interest Of
vs. Thomas A. Alicea
Defendant/Respondent

CASE NO. 2018 DK 2391

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.

CLERK'S OFFICE
AND COUNTY COURT
LAKE COUNTY
TAVELINE, FLORIDA

2018 OCT 16 AM 11:33

1. I have 1 dependents. (Include only those persons you list on your U.S. Income tax return.) Sitting Overseas
Are you Married?...Yes...No Does your Spouse Work?...Yes...No Annual Spouse Income? \$ _____

(*) →

2. I have a net income of \$ 0 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 No
(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 \$ <u>150</u> No | Savings account.....Yes \$ _____ | <input checked="" type="radio"/> No |
| Bank account(s).....Yes \$ <u>150</u> No | Stocks/bonds.....Yes \$ _____ | <input checked="" type="radio"/> No |
| Certificates of deposit or money market accounts.....Yes \$ _____ | Homestead Real Property*.....Yes \$ <u>250,000</u> | <input checked="" type="radio"/> No |
| Boats*.....Yes \$ _____ | Motor Vehicle*.....Yes \$ _____ | <input checked="" type="radio"/> No |
| | Non-homestead real property/real estate*.....Yes \$ _____ | <input checked="" type="radio"/> 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 \$ 250,000 as follows: Motor Vehicle \$ 0, Home \$ 250,000, Other Real Property \$ 0, Child Support paid direct \$ 0, Credit Cards \$ 0, Medical Bills \$ 0, Cost of medicines (monthly) \$ _____, 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 this 16 day of October, 2018.
8-12-75 Date of Birth 1624-071-75,792-0 Driver's License or ID Number
3033 Santa Maria Ave Address, P O Address, Street, City, State, Zip Code 34715

Bonnie Kurawski - Alicea
Signature of Applicant for Indigent Status
Print Full Legal Name Bonnie Kurawski - Alicea
Phone Number: 620-300-8141
B Kurawski - Alicea

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 16 day of OCTOBER, 20 18.

Clerk of the Circuit Court by

GARY J. COONEY

This form was completed with the assistance of:

Ann Foley
Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR HEARING.
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision _____

