

EXHIBIT A

Application for Determination of Civil Indigent Status

Case No. 24-003939-CI (6th Jud. Cir., Pinellas County)

Trial Court Docket Entry 202

E-Filed February 6, 2026 — Filing # 241170846

Clerk's "Not Indigent" stamp dated February 10, 2026

Attached to:

Plaintiff's Verified Motion for Judicial Review of Clerk's Determination of Civil Indigent Status

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

John William Liccione
Plaintiff/Petitioner or In the Interest of
vs.
Cathy Salustry-Loper, et al
Defendant/Respondent

CASE NO. 24-003939-CI

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 \$ 0.00 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 | Veterans' benefits | Yes \$ _____ | No |
| Social Security benefits | | | Workers compensation | Yes \$ _____ | No |
| For you | Yes \$ <u>3,561.00</u> | No | Income from absent family members | Yes \$ _____ | No |
| For child(ren) | Yes \$ _____ | No | Stocks/bonds | Yes \$ _____ | No |
| Unemployment compensation | Yes \$ _____ | No | Rental income | Yes \$ _____ | No |
| Union payments | Yes \$ _____ | No | Dividends or interest..... | Yes \$ <u>16.55</u> | No |
| Retirement/pensions | Yes \$ _____ | No | Other kinds of income not on the list | Yes \$ _____ | No |
| Trusts | Yes \$ _____ | No | Gifts | Yes \$ _____ | No |

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 | Savings account..... | Yes \$ <u>54.43</u> | No |
| Bank account(s) | Yes \$ <u>8,836.19</u> | No | Stocks/bonds | Yes \$ _____ | No |
| Certificates of deposit or | | | Homestead Real Property* | Yes \$ _____ | No |
| Money market accounts | Yes \$ <u>2,349.63</u> | No | Motor Vehicle* | Yes \$ <u>2,000.00</u> | No |
| Boats* | Yes \$ _____ | No | Non-homestead real property/real estate* | Yes \$ _____ | No |
| | | | Other assets* | Yes \$ <u>1,000.00</u> | No |

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 \$ 27,696 as follows: Motor Vehicle \$ _____, Home \$ _____, Boat \$ _____, Non-homestead Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ \$27,696, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ 3,582 (see itemized expenses sheet attached)

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 February 6, 2026.
1960 0000
Year of Birth Last 4 digits of Driver License or ID Number
Email address: JLICCIONE@GMAIL.COM
1497 Main St. Ste 196, Dunedin, FL 34698
Address: Street, City, State, Zip Code

John W Liccione
Signature of Applicant for Indigent Status
Print Full Legal Name JOHN WILLIAM LICCIONE
Phone Number/s: 443-698-8156

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

CLERK'S DETERMINATION NOT INDIGENT

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 FEB 10 2026, 20 ____.

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 John W Liccione