IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

CHAVON JENEA WRIGHT,
Petitioner / Plaintiff,

v.

HERZING UNIVERSITY, INC.,
Respondent / Defendant.

CASE NUMBER: 2026-CA-_____
DIVISION: Circuit Civil

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

NOTICE TO APPLICANT

Under Section 57.082, Florida Statutes, an applicant receiving assistance under the Supplemental Nutrition Assistance Program (SNAP / Food Stamps) or Temporary Assistance for Needy Families (TANF) is presumed indigent. If you qualify for civil indigent status, you are exempt from prepayment of statutory court costs and fees.

1. PERSONAL DEMOGRAPHICS AND DEPENDENTS

Full Legal Name: Chavon Jenea Wright Date of Birth: [redacted]

Physical Address: 597 Marion Oaks Trail, Ocala, FL 34473

Phone: (352) 300-5416 Email: chavon.wright@gmail.com

Number of Dependents Supported: 0 Spouse Name: None

2. PUBLIC ASSISTANCE RECEIVED (STATUTORY PRESUMPTION OF INDIGENCY)

Under Section 57.082(1)(a), Florida Statutes, I receive the following assistance:

[ ] TANF / Cash Assistance [**X**] **Food Stamps / SNAP** [ ] SSI [ ] Medicaid

3. NET INCOME AND BENEFITS SCHEDULE

Net income is gross income minus statutory deductions. Current employment: Unemployed graduate nursing student ($0 earned income).

Income Category	Payment Frequency	Monthly Amount
Salary, Wages, Tips, Bonuses	None	$0.00
Social Security Benefits / SSDI	None	$0.00
Unemployment Compensation	None	$0.00
Worker Compensation / Disability	None	$0.00
Retirement, Pensions, Annuities	None	$0.00
Dividends, Interest, Trusts, Royalties	None	$0.00
Child Support / Alimony Received	None	$0.00
Other Regular Income (SNAP / Food Assistance only)	Monthly	$0.00 cash
TOTAL MONTHLY NET CASH INCOME	**Monthly**	**$0.00**

4. ASSETS AND VALUATION SCHEDULE

Asset Description	Current Estimated Value
Cash on Hand	$0.00
Checking and Savings Accounts	$0.00
Certificates of Deposit / Money Market	$0.00
Real Estate Equity (excluding homestead)	$0.00
Motor Vehicle Equity (excluding single exempt vehicle)	$0.00
Stocks, Bonds, Securities, Crypto	$0.00
Other Tangible Personal Property	$0.00
TOTAL ACCESSIBLE ASSETS	**$0.00**

5. NECESSARY MONTHLY EXPENSES AND LIVING OBLIGATIONS

Current monthly recurring obligations:

Obligation / Expense Category	Monthly Responsibility
Health Insurance Premiums (Florida Blue PPO)	Out-of-Pocket / Mandatory Ongoing Expense
Prescription Medications & Medical Care	Out-of-Pocket / Ongoing Expense
Food and Groceries	Subsidized via SNAP / Food Stamps
Housing and Shelter	$0.00 (Family support during recovery)
Utilities, Transport, Other Basic Needs	$0.00 (Family support during recovery)

Total Net Worth: $0.00. Income is 0% of Federal Poverty Guidelines, well below statutory threshold.

6. APPLICANT SWORN CERTIFICATION (UNDER PENALTY OF PERJURY)

I, Chavon Jenea Wright, attest under penalty of perjury that the foregoing information is true, accurate, and complete. I understand that knowingly providing false information constitutes a misdemeanor under Section 57.082, Florida Statutes.

Signature: /s/ Chavon Jenea Wright
Chavon Jenea Wright, Applicant Pro Se

Date: 10/31/2026

CLERK DETERMINATION OF CIVIL INDIGENT STATUS (FOR COURT USE ONLY)

Based on the verified information set forth above, including receipt of SNAP / Food Stamps and $0 net income, the Clerk of Court finds that:

[ ] The Applicant IS DETERMINED INDIGENT under Section 57.082, Florida Statutes.

[ ] The Applicant IS NOT DETERMINED INDIGENT.

Deputy Clerk / Clerk of Court: _____

Date: _____

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

September 23, 2026 Case: [redacted] Phone: (941) 554-0815

CHAVON WRIGHT
597 MARION OAKS
OCALA FL 34473

Dear Chavon Wright

The following is information about your eligibility.

Food Assistance

Your application for Food Assistance dated August 17, 2026 is **approved**. You are eligible for the months listed below:

Name	**Oct, 2026 Thru October 31, 2026**
Chavon Wright	Eligible
Benefit Amount	$306.00

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by November 30, 2026. You can use the web site at www.myflorida.com/accessflorida to do this on My ACCESS Account.

For Food Assistance benefits, you must report certain changes during your certification period when your household's monthly gross income is more than your income limit of $1,729.00. If you are an ABAWD, you must report if your work hours drop below 80 hours/month. If you or a household member receives lottery or gambling winnings, you must report when the gross (before taxes or other amounts are withheld) amount is $4,250.00 or more, if won in a single game. You must report changes within 10 days following the end of the month the change happens.

Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 1.

Name	**Nov, 2026 Thru November 30, 2026**
Chavon Wright	Eligible
Benefit Amount	$306.00

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by November 30, 2026. You can use the web site at myaccess.myflfamilies.com to do this on MyACCESS Account.

For Food Assistance benefits, you must report certain changes during your certification period when your household's monthly gross income is more than your income limit of $1,729.00. If you or a household member receives lottery or gambling winnings, you must report when the gross (before taxes or other amounts are withheld) amount is $4,500.00 or more, if won in a single game. If you are an ABAWD, you must also report if your work hours drop below 80 hours/month. You must report changes within 10 days following the end of the month the change happens.

If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website myaccess.myflfamilies.com . You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-850-300-4323, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.

For all programs, you must report when your address changes.

Medicaid

Your Medicaid application/review dated August 17, 2026 is **denied** for the following months:

Name	**Aug, 2026**	**Sep, 2026**	**Oct, 2026**	**Nov, 2026**
Chavon Wright	Ineligible	Ineligible	Ineligible	Ineligible

Reason: WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.205