

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

_____,
Defendant/Appellant,

vs.

Case No.: _____

STATE OF FLORIDA,
Plaintiff/Appellee.

_____/

NOTICE OF APPEAL

NOTICE IS HEREBY GIVEN that, _____,
Defendant/Appellant, appeals to the District Court of Appeal, _____
District of Florida, the final order/judgment of this Court rendered on the ____ day
of _____, 20____.

The nature of the order appealed is a final order/judgment denying a
_____, filed pursuant to
Fla.R.Crim.P. _____.

Respectfully submitted,

Defendant/Appellant, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing document was placed in the hands of an institutional official for mailing by pre-paid first class U.S. Mail to the Office of the State Attorney General, Office of Legal Affairs, The Capitol, Tallahassee, FL 32399 and to the Office of the State Attorney for _____ County, at: _____

on this ____ day of _____, 20____.

Defendant/Appellant, Pro Se
DC# _____

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

_____,
Defendant/Appellant,

vs.

Case No.: _____

STATE OF FLORIDA,
Plaintiff/Appellee.

_____/

DIRECTIONS TO THE CLERK

Defendant/Appellant, _____, directs the clerk of the
court to include the following items in the original record described in 9.200(a)(1):

DESCRIPTION:

DATE FILED:

1. _____
2. _____
3. _____

WHEREFORE, the clerk is requested to serve copies of the record on appeal
as required by appellate rule.

Respectfully submitted,

Defendant/Appellant, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing document was placed in the hands of an institutional official for mailing by pre-paid first class U.S. Mail to the Office of the State Attorney for _____ County, at: _____

on this ____ day of _____, 20____.

Defendant/Appellant, Pro Se

DC# _____

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

_____,
Defendant/Appellant,

vs.

Case No.: _____

STATE OF FLORIDA,
Plaintiff/Appellee.

_____/

I. DESIGNATION

Defendant/Appellant, _____ files this Designation to Reporter and directs the Official Court Reporter to transcribe an original and two copies of the following post-trial proceedings for use in a criminal appeal:

1. The evidentiary hearing that was recorded by the reporter on the _____ day of _____ 20____, before Circuit Judge _____.
2. The Court Reporter is directed to file with the clerk of the circuit court the original and two copies of the transcript(s).
3. The costs for this transcription will be paid by _____ County, which may be verified by contacting the clerk of the circuit court.

Respectfully submitted,

Defendant/Appellant, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing document was placed in the hands of an institutional official for mailing by pre-paid first class U.S. Mail to the Office of the State Attorney for _____ County, at: _____

on this ____ day of _____, 20____.

Defendant/Appellant, Pro Se
DC# _____

II. COURT REPORTER'S ACKNOWLEDGMENT

1. The foregoing designation was served on the _____ day of _____, 20____, and received on the _____ day of _____, 20____.

2. Satisfactory arrangements have () or have not () been made for payment of the transcript cost. The financial arrangements were completed on the _____ day of _____, 20____.

3. The number of trial/hearing days total _____.

4. The estimated number of transcript pages are _____.

5a. The transcript will be available within thirty (30) days of service of the foregoing designation, and will be filed with the circuit court clerk on or before the _____ day of _____, 20____.

OR

5b. For the following reason(s), the court reporter requests an extension of time of _____ days for the purpose of preparing the transcripts that will be filed on or before the _____ day of _____, 20____.

6. Completion and filing of this acknowledgment by the court reporter constitutes submission to the jurisdiction of the court for all purposes in connection with these appellate proceedings.

7. The undersigned court reporter hereby certifies that the foregoing is true and correct and that an original and two (2) copies of the transcript have been furnished by mail () hand delivery () to the clerk of the circuit court (or the

circuit court clerk and each of the parties or their counsel) this _____ day of
_____ 20____.

/S/ _____
Print name, title _____
& Mailing address: _____

Ph. No.: () _____ - _____

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

_____,
Defendant/Appellant,

vs.

Case No.: _____

STATE OF FLORIDA,
Plaintiff/Appellee.

_____/

MOTION FOR ORDER OF INSOLVENCY

COMES NOW the Defendant/Appellant, _____, and
herein moves this Court for an order declaring him to be insolvent on the grounds
that he is unable to pay the costs of this proceeding.

In support thereof the Defendant does state:

AFFIDAVIT IN SUPPORT OF MOTION

1. The Defendant desires to appeal this Court's order rendered on the ____
day of _____, 20____.

2. The Defendant is wholly unable to pay the costs of said appeal, either in
whole or in part, and has no property or other means of payment, either in his
possession or any property for the purpose of receiving benefits of the terms and
conditions as disclosed under §§ 57.081; 57.085(1); 924.17, Fla. Statutes and;
Fla.R.App.P. 9.430.

3. The Defendant is unable to enter a bond to secure those costs associated
with this proceeding.

WHEREFORE, based on the foregoing, the Defendant prays this Court to
declare him insolvent for the purposes of appeal.

Respectfully submitted,

Defendant/Appellant, Pro Se

OATH

Under the penalties of perjury, I declare and certify that I do understand English and that I have read the foregoing document and that the facts stated in it are true and correct.

Defendant/Appellant, Pro Se

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing document was placed in the hands of an institutional official for mailing by pre-paid first class U.S. Mail to the Office of the State Attorney for _____ County, at: _____

on this ____ day of _____, 20____.

Defendant/Appellant, Pro Se
DC# _____

