

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Petitioner,

and

Case No.: \_\_\_\_\_

\_\_\_\_\_

Respondent.


\_\_\_\_\_ /


**AFFIDAVIT OF INDIGENCY**

I, {full legal name}, \_\_\_\_\_, being sworn, certify that the following statements are true:

I am financially insolvent and unable to pay the charges, costs, or fees otherwise payable by law to the clerk of the circuit court or sheriff in this civil action. I make this claim because:

[✓ **one** only]

\_\_\_\_\_ a. I am currently receiving public assistance in the amount of: \$ \_\_\_\_\_ per ( ) week ( ) month. My public assistance case number is: \_\_\_\_\_. My financial affidavit,   Florida Family Law Rules of Procedure Form 12.901(b), is attached.

\_\_\_\_\_ b. I am unable to pay those clerks fee's and costs because of indigency, based on facts contained in my Family Law Financial Affidavit,   Florida Family Law Rules of Procedure Form 12.901(b), which is attached.

\_\_\_\_\_ c. I certify that I ( ) have ( ) have not been twice in the preceeding three (3) years adjudicated indigent under §§ 57.081 or 57.085, Florida Statutes, or U.S.C. § 1915.

If you were adjudicated indigent twice in the preceeding three (3), list each suit, action claim, proceeding or appeal that you initiated in any court in the preceeding five (5) years.

1. \_\_\_\_\_ date \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ d. A photocopy of my bank account records revealing the transactions for the previous six (6) months accompanies this affidavit.

**I CERTIFY THAT NO PERSON HAS BEEN PAID OR PROMISED ANY PAYMENT OF ANY REMUNERATION BY ME FOR SERVICES PERFORMED ON MY BEHALF IN CONNECTION WITH THIS ACTION OR PROCEEDING.**

I certify that a copy of this document was [✓ **one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

Signature of Party \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARION

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_ by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [~~do~~ fill in all blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_ {City} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_,  
Who is the [ one only] \_\_\_\_\_ petitioner or \_\_\_\_\_ respondent, fill out this form.