

**IN THE DISTRICT COURT OF APPEAL  
FOR THE \_\_\_\_\_ DISTRICT  
STATE OF FLORIDA**

\_\_\_\_\_,  
**Petitioner/Appellant,**

**vs**

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

\_\_\_\_\_,  
\_\_\_\_\_.  
\_\_\_\_\_/

**MOTION FOR LEAVE TO PROCEED IN FORMA  
PAUPERIS/AFFIDAVIT  
OF INDIGENCY BY PETITIONER/APPELLANT**

Petitioner/Appellant respectfully moves this Court for an order permitting him to proceed in forma pauperis. In support hereof Petitioner/Appellant submits a financial affidavit of indigency as required by § 57.085(2), Fla. Stat. (2000).

Respectfully submitted,

/S/ \_\_\_\_\_  
print name & #: . . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL AFFIDAVIT

I, \_\_\_\_\_, DC# \_\_\_\_\_, hereby depose and say that I am unable to pay court costs and fees and submit the following information for review:

AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I. MARITAL STATUS:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
Single \_\_\_\_\_

LIST DEPENDANTS: Their *Names*, and *Ages*;

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### **II. FINANCIAL CONDITION:**

Affiant's Gross income; Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Spouse's Gross Income; Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Own Home; Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Mortgage Payments \$ \_\_\_\_\_

Value of Real Property Owned; \$ \_\_\_\_\_

Own Automobile; Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

Value of Automobile; \$ \_\_\_\_\_ Year/Make; \_\_\_\_\_

Value of Personal Property Owned ( Boats, Stocks, Jewelry, etc.);

List all *tangible* property with a value over \$ 100.00.

Item

\$ Value

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Value of Personal Debts (*money owed*):

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List debtor and the Amount *owed* to each debtor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Appellant's/Petitioner's expenses;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of *cash* held by appellant/petitioner; \$ \_\_\_\_\_

Balance of checking account; \$ \_\_\_\_\_

Balance of Savings account; \$ \_\_\_\_\_

Amount held in money-market (Stocks, Bonds, C.D.'s or other *intangible* personal property); \$ \_\_\_\_\_

Amount *currently* held in the petitioner's inmate trust account; \$ \_\_\_\_\_

Attach a photocopy of inmate's trust account records for the *preceding six* (6) *months* or for appellant/petitioner's *incarceration, whichever period is shorter*.

Are you presently employed in an inmate work program within the Department of Corrections?

Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is "**Yes**," complete the following:

Wages earned; \$ \_\_\_\_\_ Name and Address of employer;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the answer is "**No**," state the date of your last employment, and the salary and wages earned per month.

Date; \_\_\_\_\_ Wages earned; \_\_\_\_\_

Are you presently in a work release program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is "**Yes**," complete the following:

Wages earned; \$ \_\_\_\_\_ Name and address of employer;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the answer is “**No**,” state the date of your last employment, and the salary and wages earned per month.

Date; \_\_\_\_\_ Wages earned;

\$ \_\_\_\_\_

I **certify** that I have \_\_\_\_\_, have not \_\_\_\_\_, been adjudicated indigent under § 57.081, § 57.085 or 28 U.S.C. § 1915.

If your answer is “**Yes**,” and it occurred twice in the preceding three (3) years, you are required to list each suit, claim, proceeding, or appeal which you have intervened in any court or other adjudicatory forum in the preceding five (5) years and a copy of each complaint, petition, or other document purporting to commence a lawsuit and a record of disposition of the proceeding(s);

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Respectfully submitted

\_\_\_\_\_

\_\_\_\_\_  
Petitioner/Appellant

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
\_\_\_\_\_  
My Comm. Expires.  
*commissioned name here*)

*(print or stamp*

**CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to

\_\_\_\_\_  
\_\_\_\_\_  
(insert name(s) and address(es) of attorney(s)/party(ies) in the case) by U.S. Mail,  
first-class postage prepaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

/S/ \_\_\_\_\_  
Print name: . . . \_\_\_\_\_

**IN THE DISTRICT COURT OF APPEAL  
FOR THE \_\_\_\_\_ DISTRICT  
STATE OF FLORIDA**

\_\_\_\_\_,  
\_\_\_\_\_,

DCA Case No. \_\_\_\_\_

**vs**

Lower Tribunal Case No. \_\_\_\_\_

\_\_\_\_\_,  
\_\_\_\_\_.  
\_\_\_\_\_/

**CERTIFICATE REGARDING INMATE ACCOUNT**  
**(Department of Corrections' Representative)**  
*[Please sign applicable portion of certificate]*

I ***certify*** that the petitioner/appellant ***does not*** have a bank account ***within*** the institution in which he is confined.

/S/ \_\_\_\_\_  
Signature of authorized Officer of Institution

print name: . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***-or-***

I ***certify*** that the petitioner/appellant has the sum of \$ \_\_\_\_\_, on account to his credit at Marion Correctional Institution where he is confined. I further ***certify*** that during the last six (6) months the petitioner/appellant's *average* daily balance was \$ \_\_\_\_\_.  
(attach a copy of the inmate's bank account statement for the last six (6) months.)

/S/ \_\_\_\_\_  
Signature of authorized Officer of Institution

print name: . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_