

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

_____,

vs

Case No: _____

_____,
_____.
_____ /

PRISONERS AFFIDAVIT OF INDIGENCY/INSOLVENCY

(Civil proceeding F.S. 57.081)

STATE OF FLORIDA

SS

COUNTY OF _____

1. My **name** and Department of Corrections inmate **identification number** is:

_____ No: _____

2. I am incarcerated at:

3. The nature and amount of my *monthly income* (all money received from any source) is as follows:

- | | | |
|-----|---|----------|
| (a) | Present income from employment, work release, <i>etc.</i> | \$ _____ |
| (b) | Disability benefits | _____ |
| (c) | Workers' compensation | _____ |
| (d) | Unemployment compensation | _____ |
| (e) | Pension, retirement, or annuity payments | _____ |
| (f) | Social security benefits | _____ |

- (g) Interest and dividends _____
- (h) Rental income _____
- (I) Income form royalties, trust, or estates _____
- (j) Gain derived from selling property _____
- (k) Other incomes [List names of all other sources of
income and amounts received] _____
- _____
- _____
- _____

**TOTAL MONTHLY INCOME OR MONEY RECEIVED
FROM ANY THE SOURCE** \$ _____

4. I own the following *real Property*:

(description or address) (market value)

(description or address) (market value)

TOTAL VALUE OF REAL PROPERTY \$ _____

5. The following are my *assets* worth more than \$ 100.00 per item, both tangible and intangible:

Description	Value
Stock/bonds	_____
Notes	_____
Automobiles:	
_____	_____
_____	_____
Other personal property:	
Contents of home	_____
Jewelry	_____
Other items worth over \$100.00:	
_____	_____
_____	_____

**TOTAL TANGIBLE AND INTANGIBLE PROPERTY WORTH MORE
THAN \$ 100.00:** \$ _____

6. Cash on hand. The following are my cash/trust accounts **balances**:

checking account	\$ _____
savings account	_____
money market account	_____
certificate of deposit (C.D.'S)	_____
other cash accounts	_____

TOTAL AMOUNT OF CASH BALANCES \$ _____

7. My *dependents* are:

Name	Age	Relationship

8. My *debts* are as follows:

Creditor's Name	Amount Owed
_____	_____
_____	_____
_____	_____

TOTAL DEBTS OWED \$ _____

9. My *monthly expenses* are as follows:

	Monthly Payment
Housing	\$ _____
Transportation	_____

Child Support _____
Insurance _____
Clothing _____
Medical/Dental Fees _____

Payment to Creditor's _____
(Items each monthly expenditure and the amount)

_____ \$ _____

TOTAL OTHER MONTHLY EXPENDITURE
(add above payments) \$ _____

10. I hereby **CERTIFY** that I [____ have] [____ have not]
(check ONE of the above)

Been previously adjudicated indigent pursuant to the *Section 57.081* or
57.085. or pursuant U.S.C. *Section 1915* by a federal court.

11. I have attached to this affidavit of insolvency a copy of my prison trust
account record for the *proceeding 6 months* or for the length of my incarceration,
whichever period of time is shorter.

12. I am unable to pay court cost and fees. 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.

/S/ _____
print name & DC#: ... _____

STATE OF FLORIDA
SS
COUNTY OF _____

The forgoing affidavit was sworn to and subscribed before me, the undersigned Notary Public, this _____ day of _____ 20____, by _____, who produced photo ID (_____), as issued by the Florida Department of Corrections.

_____ Notary Public (<i>stamp your name and date your comm. expires</i>)	/S/ _____ Notary Public _____ Print name
---	---