

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

_____,
Petitioner,

vs.

Case No.: _____

_____,
Respondents.

_____/

PRISONERS AFFIDAVIT OF INDIGENCY/INSOLVENCY

STATE OF FLORIDA

COUNTY OF _____

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

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, *etc.* \$ _____
- (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 from 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	_____
<i>(Items each monthly expenditure and the amount)</i>	
_____	\$ _____
_____	_____
_____	_____

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.

Affiant, Pro Se

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 (*stamp your name and date your comm. expires*)

/S/ _____
Notary Public

Print name