

IN THE DISTRICT COURT OF APPEAL
FIRST DISTRICT, FLORIDA
Case Number: _____

Petitioner/Appellant

vs.

Respondent/Appellee

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

Petitioner/Appellant _____, in propria persona, respectfully moves this Court for an order permitting him/her to proceed in forma pauperis. In support hereof petitioner/appellant submits a financial affidavit of indigency as required by § 57.081(1) or § 57.085(2), Florida Statutes (2004).

Respectfully submitted,

Signature
Name: _____
Address: _____

FINANCIAL AFFIDAVIT

I, _____, inmate number _____, hereby depose and say that I am unable to pay court costs and fees and submit the following information for review:
AGE _____ DATE OF BIRTH _____
MARITAL STATUS: Married _____ Separated _____ Divorced _____ Single _____
LIST DEPENDENTS NAMES, RELATIONSHIP AND AGES:

(NOTE: Do not fill in blanks with "n/a" (not applicable), but you may use "none" as appropriate. Any line beginning with a "\$" must be answered with a specific amount (such as \$0, \$10, \$100) unless answered with "none." Questions with "yes" and "no" or "have" and "have not" spaces provided should be marked with a "✓" or "X" as appropriate. Other questions must be answered specifically with information such as a name and address.)

II. FINANCIAL CONDITION:

Does affiant receive regular income: Yes _____ No _____
 Affiant's Gross Income: Weekly \$ _____ Bi-weekly \$ _____ Monthly \$ _____
 If you have a spouse, list spouse's gross income: Weekly \$ _____ Bi-weekly \$ _____
 Monthly \$ _____

Own Home: Yes _____ No _____ If yes, monthly mortgage payments \$ _____

Value of Real Property Owned \$ _____

Own Automobile: Yes _____ No _____ If yes, monthly payments \$ _____

Value of Automobile: \$ _____ Year/Make: _____

Value of Personal Property Owned (boats, furniture, stocks, jewelry, etc):

List all tangible property with a value over \$100.00

<u>Item</u>	<u>\$ Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

List creditors and the amount owed to each creditor:

<u>Creditor</u>	<u>\$Amount Owed</u>	<u>Monthly Payments(if applicable)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Appellants/Petitioner's monthly expenses:

\$ _____
 \$ _____
 \$ _____
 \$ _____

Amount of cash held by petitioner/appellant: \$ _____

Balance of any checking/savings accounts: \$ _____

Amount held in money-market (stocks, bonds, other intangible personal property): \$ _____

Amount currently held in the petitioner's inmate trust account: \$ _____

Attach photocopy of inmate's trust account records for the preceding six (6) months or for appellants/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 employed in a work release program? Yes _____ No _____
If the answer is "yes," complete the following:
Wages earned: \$ _____ (Monthly/Bi-Weekly/Weekly)
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: \$ _____ (Monthly/Bi-Weekly/Weekly)

I certify that in the previous year I have _____ have not _____ been adjudicated indigent under § 57.081 or § 57.085, Florida Statutes (2004) or 28 U.S.C. § 1915.

IF THIS IS NOT A CRIMINAL OR A CRIMINAL COLLATERAL CASE, THE FOLLOWING MUST BE COMPLETED:

I certify that I have _____ or have not _____ been declared indigent in 2 or more actions in the previous three years. If "yes," and it occurred twice or more in the preceding three (3) years, you are required to list each suit, action, claim, proceeding, or appeal which you have brought or intervened in any court or other adjudicatory forum in the preceding five years:

1. _____
2. _____
3. _____

Attach extra sheet(s) if necessary.

I am presently unable to pay court costs and fees. Under penalties of perjury, I swear or affirm that all statements in this affidavit are true and complete. § 92.525(2), Florida Statutes (2004) and 57.085(2), Florida Statutes (2004).

Dated this _____ day of _____, 20____, at _____, Florida.

Signature of Petitioner/Appellant Address: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public, State of Florida My Commission Expires: _____

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 mail this _____ day of
_____, 20_____.

Signature of Petitioner/Appellant

**IN THE DISTRICT COURT OF APPEAL
FIRST DISTRICT OF FLORIDA**

_____, First DCA Case No.: _____
Petitioner

v. Lower Tribunal Case No.: _____

_____,
Respondent

CERTIFICATE REGARDING INMATE ACCOUNT

(Department of Corrections' Representative:
Please sign applicable portion of certificate.)

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

Dated _____

Signature of Authorized Officer
Phone number: _____

- OR -

_____ I certify that I have attached photocopies of the petitioner's inmate account information for the previous six months.

_____ I certify that I have attached inmate account information since his confinement on _____ (if less than six months).
(date)

I certify that the petitioner has the sum of \$_____ on account to his credit at _____ Institution where he is confined. I further certify that during the last six months or for the period of the petitioner's incarceration the petitioner's average daily balance was \$_____.

Dated _____

Signature of Authorized Officer
Phone number: _____