## In the Supreme Court of Florida

Petitioner/Appellant

v.

Respondent/Appellee

CASE NO.			

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

 1. I have \_\_\_\_\_dependents. (Include only those persons you list on your U.S. Income tax return.)

 Are you Married?...Yes....No

 Does your Spouse Work?...Yes....No

 Annual Spouse Income?

2. I have a net income of  $\$  paid () weekly () every two weeks () semi-monthly () monthly () yearly () other \_\_\_\_\_.

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.)

3. **I have other income** paid () weekly () every two weeks () semi-monthly () monthly () yearly () other \_\_\_\_\_. (*Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No"*)

Second job	Yes \$	No
Social Security benefits		
For you	Yes \$	No
For child(ren)	Yes \$	No
Unemployment compensation	Yes \$	No
Union payments	Yes \$	No
Retirement/pensions	Yes \$	No
Trusts	Yes \$	No

Veterans' benefits	Yes \$	No
Workers compensation	Yes \$	No
Income from absent family members	Yes \$	No
Stocks/bonds	Yes \$	No
Rental income	Yes \$	No
Dividends or interest	Yes \$	No
Other kinds of income not on the list	Yes \$	No
Gifts	Yes \$	No

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$	No
Bank account(s)	Yes \$	No
Certificates of deposit or		
money market accounts	Yes \$	No
Boats*	Yes \$	No

ie property, otherwise circle 110 )		
Savings account	Yes \$	No
Stocks/bonds	Yes \$	No
Homestead Real Property*	Yes \$	No
Motor Vehicle*	Yes \$	No
Non-homestead real property/real estate*	Yes \$	No

\*Show loans on these assets in paragraph 5.

Check one: I ( ) DO ( ) DO NOT expect to receive more assets in the near future. The asset is\_\_\_\_\_

5. I have total liabilities and debts of \$\_\_\_\_\_\_ as follows: motor vehicle \$\_\_\_\_\_\_; home \$\_\_\_\_\_; other real property \$\_\_\_\_\_; child support paid direct \$\_\_\_\_\_\_; credit cards \$\_\_\_\_\_\_; medical bills \$\_\_\_\_\_\_; cost of medicines (monthly) \$\_\_\_\_\_\_; and other \$\_\_\_\_\_\_.

## 6. If you have been convicted of a crime and are incarcerated, you must complete the questions in this paragraph and attach the required copy of your inmate trust account.

My inmate number is: \_\_\_\_\_

Amount currently held in inmate trust account: \$\_\_\_\_\_

Attach photocopy of your trust account records for the preceding six (6) months or for whole time of incarceration, whichever period is shorter.

I certify that I have \_\_\_\_\_ have not \_\_\_\_\_ been adjudicated indigent under section 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, action, claim, proceeding, or appeal which you have intervened in any court or other adjudicatory forum in the proceeding five years. (LIST ONLY REQUIRED IF PARTY FILING MOTION HAS BEEN ADJUDICATED INDIGENT TWICE IN THE PROCEEDING 3 YEARS.)

1. \_\_\_\_

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

4.\_\_\_\_\_

5. \_\_\_\_\_\_Attach extra sheet(s) if necessary.

I \_\_\_\_\_\_ (insert name) assert that I am presently unable to pay court costs and fees, and under penalty of perjury, I swear or affirm that all statements in this affidavit are true and complete.

7. I understand that I may be required to make payments for fees and costs to the clerk in accordance with § 57.082(5) or § 57.085, Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

8. A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under § 57.082, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in § 775.082 or § 775.083, Florida Statutes. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant for Indigent Status

Print Name

Address

## **CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to \_\_\_\_\_\_

\_\_\_\_\_ (insert name(s) and address(es) of attorney(s) and any unrepresented party(ies) in the case) by mail/email this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

Signature of Applicant for Indigent Status