

Second District Court of Appeal

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	Veterans' benefits Yes \$ _____ No
Social Security benefits	Workers compensation Yes \$ _____ No
For you Yes \$ _____ No	Income from absent family members Yes \$ _____ No
For child(ren)..... Yes \$ _____ No	Stocks/bonds Yes \$ _____ No
Unemployment compensation Yes \$ _____ No	Rental income Yes \$ _____ No
Union payments Yes \$ _____ No	Dividends or interest Yes \$ _____ No
Retirement/pensions Yes \$ _____ No	Other kinds of income not on the list Yes \$ _____ No
Trusts 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	Savings account Yes \$ _____ No
Bank account(s) Yes \$ _____ No	Stocks/bonds Yes \$ _____ No
Certificates of deposit or money market accounts Yes \$ _____ No	Homestead Real Property* Yes \$ _____ No
Boats* 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. _____
3. _____
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