

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: CASE NUMBER 05 - - - - XXXX-XX

PLAINTIFF

DEFENDANT

AFFIDAVIT OF INDIGENCY - PRISONER

WARNING: A person who knowingly makes a false declaration under oath can be prosecuted for the third degree felony of perjury.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared {name} _____, who after being sworn states:

IDENTITY

My full name is: _____
My Date of Birth is: _____
My Social Security Number is: _____
My address is: _____

INCOME

My current income is _____ [] weekly [] monthly [] yearly
Income received from: _____

REAL PROPERTY (attach additional page if necessary)

I own the following real property: _____

PETITIONER/RESPONDENT

AFFIDAVIT OF INDIGENCY
PRISONER

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TANGIBLE/INTANGIBLE PROPERTY (attach additional page if necessary)

I own the following tangible or intangible property worth more than \$100: _____

CASH

I currently have _____ cash on hand.

In my CHECKING account at _____, I have a balance of _____.

In my SAVINGS account at _____, I have a balance of _____.

In my MONEY MARKET account at _____, I have a balance of _____.

DEPENDENTS (attach additional page if necessary)

My dependents are:

NAME

AGE

DEBTS (attach additional page if necessary)

My debts are:

DEBTOR

AMOUNT OWED

PETITIONER/RESPONDENT

AFFIDAVIT OF INDIGENCY - PRISONER

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MONTHLY EXPENSES (attach additional page if necessary)
My monthly expenses are:

Table with 2 columns: DESCRIPTION and AMOUNT. Contains five rows of blank lines for entry.

OTHER DECLARATIONS OF INDIGENCY

I [] have [] have not been adjudicated indigent under Sec. 57.085, F.S.

I [] have [] have not been certified indigent under Section. 57.081, F.S.

I [] have [] have not been authorized to proceed as an indigent under 28 U.S.C. s.1915 by a federal court.

Attached to this affidavit is a photocopy of my trust account record for the preceding 6 months (or length of incarceration if less than 6 months, whichever period is shorter).

I AM UNABLE TO PAY COURT COSTS AND FEES. UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT ALL STATEMENTS IN THIS AFFIDAVIT ARE TRUE AND COMPLETE.

Signature

Dated this ___ day of _____, 20__.

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me on {date} _____, 20__.

by {name} _____, who is (check only one) [] personally known to me,

or who [] produced _____ as identification.

(SEAL)

NOTARY PUBLIC - STATE OF FLORIDA

Print, type, or stamp commissioned name of notary