

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/APPELLANT**

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 (2008).

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 (2008) or 28 U.S.C. § 1915.

**IF THIS IS NOT A CRIMINAL OR A CRIMINAL COLLATERAL CASE, THIS SECTION 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.

**ALL INMATES MUST COMPLETE THE FOLLOWING:**

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 (2008) and 57.085(2), Florida Statutes (2008).

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/she 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/her confinement on \_\_\_\_\_ (if less than six months).  
(date)

I certify that the petitioner has the sum of \$\_\_\_\_\_ on account to his/her credit at \_\_\_\_\_ Institution where he/she 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: \_\_\_\_\_