

IN THE SUPREME COURT OF 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 section 57.081 or 57.085(2), Florida Statutes (1997).

Respectfully submitted,

**FINANCIAL AFFIDAVIT**

I, \_\_\_\_\_, 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, THEIR NAMES, AND AGES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. FINANCIAL CONDITION:**

**Affiant's Gross Income:** Weekly \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

**Spouse's Gross Income:** Weekly \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

**Own Home:** Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Mortgage Payments \$ \_\_\_\_\_  
Value of Real Property Owned \$ \_\_\_\_\_

**Own Automobile:** Yes \_\_\_\_\_ No \_\_\_\_\_ 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>
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_____	_____
_____	_____
_____	_____
_____	_____

**Amount of Personal Debts (money owed):**

_____
_____
_____
_____

**List creditor and the amount owed to each creditor:**

_____
_____
_____
_____

**Appellants/Petitioner's monthly expenses:**

_____
_____
_____

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**Amount of cash held by petitioner/appellant:** \$ \_\_\_\_\_

**Balance of checking account:** \$ \_\_\_\_\_

**Balance of savings account:** \$ \_\_\_\_\_

**Amount held in money-market (stocks, bonds, other tangible personal property):** \$ \_\_\_\_\_

**The following applies only to persons who are incarcerated:**

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

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

Attach photocopy of inmate's trust account records for the proceeding 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: \_\_\_\_\_

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If 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 answer is "YES" complete the following: Wages earned: \$ \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

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If answer is "NO" state the date of your last employment and the salary and wages earned per month: Date \_\_\_\_\_ Wages earned: \$ \_\_\_\_\_

**I certify that I have \_\_\_\_\_ have not \_\_\_\_\_ been adjudicated indigent**

**under section 57.081, 57.085 or 28 U.S.C. s 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.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Attach extra sheet(s) if necessary.

Under penalties of perjury, I declare that I have read the following (document) and that the facts stated in it are true. (92.525(2) Fla. Stat. (1995))

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Florida.

\_\_\_\_\_  
Signature of Petitioner/Appellant

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY NOTARIZE, IF YOU DO NOT SIGN "UNDER PENALTIES OF PERJURY"**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ 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 SUPREME COURT OF FLORIDA

\_\_\_\_\_  
Petitioner

Supreme Court Case No. \_\_\_\_\_

Lower Tribunal Case No. \_\_\_\_\_

vs.

\_\_\_\_\_  
Respondent

**CERTIFICATE REGARDING INMATE ACCOUNT**

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

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

\_\_\_\_\_  
Signature of Authorized Officer of Institution

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

-or-

I certify that the petitioner has the sum of \$ \_\_\_\_\_ on account to his or her credit at \_\_\_\_\_ Correctional Institution where he or she is confined. I further certify that during the last six months the petitioner's average daily balance was \$ \_\_\_\_\_. (Attach a statement of the inmate's bank account for last six months.)

\_\_\_\_\_  
Signature of Authorized Officer of Institution

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_