IN THE COURT OF THE DISTRICT JUDICIAL COURT IN AND FOR COUNTY, FLORIDA

_____, Plaintiff

v.

Case No.: _____ Division: _____

_____, Defendant

AFFIDAVIT OF ATTORNEY'S FEES

STATE OF FLORIDA COUNTY OF _____

Before me, the undersigned authority, personally appeared the undersigned Affiant ______, who, after being duly sworn, deposes and says:

1. I, ______ the Affiant, is an attorney at law duly authorized to practice in the state of Florida and have been active in the practice of law in Florida since ______. I am personally familiar with the fees usually allowed Plaintiffs for the services of their attorneys in suits of the kind and nature in which this affidavit is to be filed.

2. I am familiar with Rule 4-1.5(b) of the Rules of Regulating the Florida Bar, and have taken into consideration the eight factors set forth in such Rule for the determination of reasonable attorney's fees.

3. I am also familiar with and have considered the dictates of the Florida Supreme Court in the case of <u>Florida Patient's Compensation Fund v. Rowe 472 S.2d 1145 (Fla 1985)</u> for the determination of reasonable attorney's fees.

4. In arriving at my opinion of the value of reasonable attorney's fees in this action, I have utilized and considered the following criteria:

- a. The time and labor required, the novelty, complexity and difficulty of the questions involved and the skill requisite to perform the legal services properly,
- b. The likelihood that the acceptance of the particular employment will preclude other employment by the lawyer,
- c. The fee or rate of fee customarily charged in the locality for services of a comparable or similar nature,
- d. The amount involved and the results obtained,
- e. The time limitations imposed by the client or by the circumstances,
- f. The nature and length of the professional relationship with the client,
- g. The experience, reputation and ability of the lawyer or lawyers performing the services,
- h. Whether the fee is fixed or contingent.

5. Afffiant's address is ______ and Florida Bar No. is ______.

7. The total amount of attorney's fees Plaintiff seeks to recover in this action is \$_____. Appended hereto and made apart hereof as Exhibit "1" is a breakdown of said attorney's fees.

Respectfully Submitted,

{Name of Attorney} {Address and Bar No. of Attorney}

STATE OF FLORIDA COUNTY OF _____

Subscribed and sworn before me on this _____ day of _____, 20____ by , who is personally known to me.

NOTARY PUBLIC, State of Florida My commission expires: