

**IN THE CIRCUIT COURT OF THE
_____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA**

_____,
Petitioner/Wife,

CASE NO: _____

and

_____,
Respondent/Husband.

_____/

AFFIDAVIT OF INDIGENCY

I, _____, being sworn, certify that the following statements are true:

I am financially insolvent and unable to pay the charges, costs, or fees otherwise payable by law to the clerk of the circuit court of sheriff in this civil action. I make this claim because:

[check one only]

a. ___ I am currently receiving public assistance in the amount of \$_____ per () week () month. My public assistance case number is _____. My financial affidavit, Florida Family Law Form 12.901(d), is attached.

b. ___ I am unable to pay those clerk's fees and costs because of indigency, based on facts contained in my Financial Affidavit, Florida Family Law Form 12.901(d), which is attached.

I CERTIFY THAT NO PERSON HAS BEEN PAID OR PROMISED ANY PAYMENT OF ANY REMUNERATION BY ME FOR SERVICES PERFORMED ON MY BEHALF IN CONNECTION WITH THIS ACTION OR PROCEEDING.

I certify that a copy of this document was [check one only] () mailed, () faxed and mailed () hand delivered to the person(s) listed below on this _____ day of _____ 20__.

Other party or his/her attorney

Name: _____

Address: _____

City State Zip

Fax Number: _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

DATED: _____

Signature of Petitioner

Printed Name: _____

Address: _____

City State Zip

Telephone #: _____

Fax Number: _____

Sworn to or affirmed before me on this _____ day of _____
20__.

Notary Public, State of
Florida

[Print, Type, Stamp
commissioned name of notary]

Check One:

Personally Known

Produced Identification

Type of Identification
Produced _____