

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT IN AND  
FOR \_\_\_\_\_ COUNTY, FLORIDA

CASE NO. \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner/Wife,  
and

\_\_\_\_\_,  
Respondent/Husband.

\_\_\_\_\_/

**AFFIDAVIT OF INSOLVENCY**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

BEFORE ME personally appeared \_\_\_\_\_ who, after  
being sworn, states:

1. I am insolvent and unable to pay the charges, costs, or  
fees otherwise payable by law to any clerk or sheriff in this  
civil action because [ one only]:

a. \_\_\_\_\_ I am currently receiving public assistance: \$ \_\_\_\_\_  
per \_\_\_\_\_ Case No. \_\_\_\_\_

b. \_\_\_\_\_ I am unable to pay those clerk fees and costs  
because of indigency, based on the following facts:

**INCOME:** \_\_\_\_\_

Employer name and address

\_\_\_\_\_  
Length of employment

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Avg. gross pay      Avg. net pay

per \_\_\_\_\_ week      \_\_\_\_\_ month      \_\_\_\_\_ 2 weeks

**ASSETS:** What I own. State value of car, home, bank  
deposits, bonds, stocks, etc.

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

**DEBTS/BILLS:** What I owe. List item by item your monthly rent, installment payments, mortgage payments, child support, etc.

**Amount of Payment Each Month**

**Who I Pay It To**

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

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

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telefax Number

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of  
Florida

\_\_\_\_\_  
[Print, type or stamp  
commissioned  
name of notary]

Check one:

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification  
produced \_\_\_\_\_