

EXHIBIT B

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

**CASE NO.
DIVISION**

Plaintiff(s)/Petitioner(s)/Appellant(s),

vs

Defendant(s)/Respondent(s)/Appellee(s).

**AFFIDAVIT FOR DETERMINATION
OF INDIGENT STATUS
BY PRISONER PURSUANT TO F.S. 57.085**

1. I have a take-home income of \$_____ paid () weekly () bi-weekly () semi-monthly () monthly () yearly.
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments.)

2. I have \$_____ in other income paid () weekly () bi-weekly () semi-monthly () monthly () yearly.
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Social Security benefits	Yes \$ _____	No	Veteran's benefits	Yes \$ _____	No
Unemployment compensation	Yes \$ _____	No	Child Support or other regular support		
Union funds	Yes \$ _____	No	from family members/spouse	Yes \$ _____	No
Workers compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Dividends or interests	Yes \$ _____	No
Trusts or gifts	Yes \$ _____	No	Other kinds of income not on the list	Yes \$ _____	No

3. I have the following real estate:

_____	Value \$ _____	_____	Value \$ _____
_____	Value \$ _____	_____	Value \$ _____

4. I have tangible and intangible property worth more than \$100:

Stocks and Bonds	Yes \$ _____	No	Automobile	Yes \$ _____	No
Other _____	Yes \$ _____	No	Other _____	Yes \$ _____	No

5. I have other assets. (Circle "Yes" and fill in the value of the property, otherwise circle "No".)

Cash	Yes \$ _____	No	Savings	Yes \$ _____	No
Bank account(s)	Yes \$ _____	No	Money Market account	Yes \$ _____	No

6. I have _____ dependents. (Do not include children not living at home and do not include a working spouse or yourself.)

Age	Name	Age	Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. I owe the following creditors: (mortgage or rent payments, credit cards, etc.) If more space is required, use back of form.

Creditors Name	Amount Owed	Creditors Name	Amount Owed
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Prisoner's Monthly Expenses

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

8. During the past three years, have you been permitted two or more times to proceed without prepayment of court costs or fees in Florida or federal courts or adjudicatory forums, or to intervene in actions in these courts or adjudicatory forums without prepayment of court costs or fees, pursuant to sections 57.081 or 57.085, Florida Statutes, or 28 U.S.C. § 1915? Yes () No ()

If your answer is yes, list below all suits, actions, claims, proceedings, or appeals that you have brought or intervened in during the past five years in any court or adjudicatory forum.

Name of Court	Case Number	Nature of Action	Disposition
(If necessary, attach additional pages that reflect the required information.)			

I have attached to this affidavit a photocopy of the trust account records for my prison account for the preceding six (6) months or for the length of my incarceration, whichever period is shorter.

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.

Print Full Legal Name _____ Inmate # _____ Date of Birth _____

Name of Institution : _____

Address, PO Address, Street, City, State, Zip Code _____

Dated: _____

Signature of Petitioner

Sworn to and subscribed before me this _____ day of _____, 20 __,
by the affiant, _____, who is personally known to
me or produced _____ as identification.

Signature of Notary Public or Correctional Officer
Print, Type or Stamp Commissioned Name of Notary Public
Commission Expires: _____
Commission #: _____

DETERMINATION OF INDIGENT STATUS

Based on the information in the petitioner's Affidavit for Indigent Status, I have determined that the petitioner ____ **Is Indigent** ____ **Is Not indigent**, according to Federal Poverty Guidelines. If the petitioner disagrees with the clerk's determination, they may file a written request for Judicial Review to determine their indigency status. The request must be filed within fourteen (14) days from the date of this determination or the case will be closed.

Dated this _____ day of _____, 20 ____.

Copy provided to prisoner by mail by _____ (initials of clerk).

CLERK OF THE CIRCUIT COURT

By _____
Deputy Clerk