UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF FLORIDA DIVISION

Plaintiff/Petitioner (Affiant),	
v. CASE	NO (To be supplied by Clerk's Office)
Defendant(s)/Respondent(s).	
	CEED IN FORMA PAUPERIS ner filings)
Affidavit in Support of the Application	Instructions
I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name; your case number, if known; and the question number.
AFFIANT'S SIGNATURE	DATE
BRIEF STATEMENT OF THE NATURE	E OF THEACTION, DEFENSE OR APPEAL:

		(5	Street)	
(City)	(:	State)	(Zip Code)
MA	RITAL STATUS:			
1.	Single	Married	Separated	Divorced
2.	If married, spouse's	full name:		
DE l	PENDENTS:			
1.	Number:			
2.	Relationship to depe	endent(s):		
_				
3.	How much money don a monthly basis?	•	e to your dependent'	s support
EM	•	\$		
EM emp	on a monthly basis? PLOYMENT: (Inform	\$nation provided	below applies to you	ır present employmo
EM emp	on a monthly basis? PLOYMENT: (Informal of the state of	\$nation provided	below applies to you	r present employmo
EM emp	on a monthly basis? PLOYMENT: (Informal of employer:	\$nation provided	below applies to you	r present employmo
EM emp	on a monthly basis? PLOYMENT: (Informal of employer:	\$nation provided	below applies to you	ar present employm
EM emp	on a monthly basis? PLOYMENT: (Informal of the ployment) Name of employer: a. Address of employ	sation provided	(Street)	(Zip Code)
EM emp	on a monthly basis? PLOYMENT: (Informal of the control of the con	sanation provided in ation provided in ation provided in a second in a se	(Street)	(Zip Code)
EM emp	on a monthly basis? PLOYMENT: (Information of the ployment) Name of employer: a. Address of employ (City) b. State how long affine and the ployment of th	nation provided in the provide	(Street) (State) as) employed by pre	(Zip Code)
	on a monthly basis? PLOYMENT: (Information of the ployment) Name of employer: a. Address of employ (City) b. State how long affine and the ployment of th	snation provided in ation	(Street) (State) as) employed by predonths: or Weekly	(Zip Code) esent (or last) emplo

	3.	Is spouse employed?		_If so, name of o	employer:	
		a. Income:	Ionthly \$	or \	Veekly \$	
		b. What is spouse's job	title?			
	4.	Are you and/or your s	ouse receivin	g welfare aid?		
		If so, amount:	Ionthly \$	or V	Veekly \$	
VI.	FIN	ANCIAL STATUS:				
	1.	Owner of real property	(excluding or	dinary househol	d furnishings and clothin	ıg):
		a. Description:				
		b. Full address:				
				(Street)		
		(City)	(State)		(Zip Code)	
		c. In whose name?			, -	
		d. Estimated value:			\$	
		e. Total amount owed:			\$ \$	
		Owed to:		for	\$	
				for	\$	
		f. Annual income from	property:		\$	
	2.	Other assets/property:				
		a. Automobile: Make_		Model		_
		Present value of car:			\$	
		Amount owed:			\$	
		Owed to:				
		b. Total cash in banks,	savings and lo	an associations,	prisoner accounts, finan	cial
		institutions, other repos	sitories, or any	where else: \$		

	c. List monies received during	the last twelve (12) mo	onths into your hands,			
	into banks, savings and loan associations, prisoner accounts, other					
	financial institutions, or oth	financial institutions, or other sources as indicated below:				
	Business, profession, or other					
	self-employment:		\$			
	Rent payments, interest, or	\$				
	Pensions, annuities, or life i	Pensions, annuities, or life insurance payments:				
	Gifts or inheritances:		\$			
	Stocks, bonds, or notes:		\$			
	Other sources:		\$			
3.	Obligations:					
	a. Monthly rental on house or	a. Monthly rental on house or apartment:				
	b. Monthly mortgage payment	ts on house:	\$			
4.	Other information pertinent to	affiant's financial deb	ts and obligations:			
	•		· ·			
	(Creditor)	(Total Debt)	(Monthly			
			Payment)			
						
(Creditor)		(Total Debt)	(Monthly Payment)			
	(Creditor)	(Total Debt)	(Monthly			
	(Creditor)	(Total Debt)	(Monthly Payment)			
Oth	er (explain):					

VII. CERTIFICATION AND SIX-MONTH ACCOUNT STATEMENT:

1.	Date of incarceration:	
2.	Estimated release or parole date:	

- 3. **Certificate:** You must submit a Certificate (which is on the last page of this form), completed by the warden or other authorized officer at the place of your confinement, showing the amount of money or securities that you have in any account in the institution.
- 4. **Six-month account statement:** If you are a prisoner seeking to bring a civil action or appeal a judgment in a civil action or proceeding, you must attach to the Certificate a copy of your account statement for your prisoner account for the **six-month period** immediately preceding the filing of the complaint or notice of appeal. The account statement must be obtained from an authorized officer of each prison at which you are or were confined. The account statement must be in the form of a computer printout or bank ledger card prepared by the institution or an account statement prepared by an authorized officer of the institution. (**Notably, if you are a prisoner seeking habeas corpus relief, you are not required to submit a six-month account statement.)**
- 5. Your failure to provide the Certificate or six-month account statement may result in the denial of your motion or dismissal of this action.

CERTIFICATE

(Prisoner Accounts Only)

I HEREBY	CERTIFY THAT	has the sum of
		(Name of Affiant)
\$	as of	
		(date)
		institution where he/she is confined. I further certify that
the above-n	amed prisoner affiant h	as the following securities to his credit according to the records of
this instituti	ion:	
		Authorized Officer of Institution