

STATE OF FLORIDA)

)SS

COUNTY OF DADE )

AFFIDAVIT OF INSOLVENCY

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who being first duly sworn, deposes and says:

1. I am insolvent and unable to employ counsel.
2. Net Income (salary and wages minus deductions required by law): \_\_\_\_\_.
3. Other Income (including social security benefits, union funds, veterans' benefits, workers' compensation, other support from absent family members, public or private employee pensions, unemployment compensation, dividends, interest, trusts, or gifts): \_\_\_\_\_.
4. Court-ordered support payments: \_\_\_\_\_.
5. Assets (including cash, savings accounts, bank accounts, stocks, bonds, certificates of deposit, equity in real estate, or any equity in a boat or motor vehicle, or in any other intangible or tangible property): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
6. I agree to report any change in my financial situation to the court or to the indigency examiner.

Under penalty of perjury, I declare that I have read this affidavit of insolvency and that the facts stated in it are true.

\_\_\_\_\_

SWORN AND SUBSCRIBED TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ b y \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: