

STATE OF FLORIDA

IN THE COUNTY COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR ST. JOHNS COUNTY, FLORIDA

VS.

CASE NO. _____

AFFIDAVIT OF INSOLVENCY

I _____, the undersigned, being first duly sworn, depose and make under oath the following statement regarding my age, marital status, dependents, and financial status:

Age _____ Marital Status: Married Single Divorced Separated

If minor, names and addresses of parents:

Name: _____ Address: _____

Name: _____ Address: _____

Number of dependants, if any: _____

Financial Status: Gross income either (1) Per Week: \$ _____ (2) Bi-Weekly: \$ _____ Or (3) Monthly: \$ _____

I have 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	Veterans' benefit.....	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 interest.....	Yes \$ _____	No
Trusts or gifts.....	Yes \$ _____	No	Other kinds of income not on the list..	Yes \$ _____	No

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	Stocks/bonds.....	Yes \$ _____	No
Certificates of deposit or			*Equity in Real estate (excluding homestead)	Yes \$ _____	No
money market accounts.....	Yes \$ _____	No	*include expectancy of an interest in such property		
*Equity in Motor vehicles/Boats/.....	Yes \$ _____	No			
Other tangible property					

Value of real estate (home, lot, etc.) which I own, have equity in, or have the expectancy of an interest in: \$ _____

I have a total amount of liabilities and debts in the amount of \$ _____

I receive: (Circle "Yes" or "No")

Temporary Assistance for Needy Families-Cash Assistance.....	Yes	No
Poverty- related veterans' benefits.....	Yes	No
Supplemental Security Income (SSI).....	Yes	No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. **I attest that the information I have provided on this Application is true and accurate to the best of my knowledge.**

Signed this _____ day of _____, 20____.

Date of Birth _____

Drivers License or ID Number _____

Signature of Affiant (Defendant)

Print Full Legal Name

Address _____

City, State, Zip _____

Phone number: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ Day of _____

20____ by _____ Who is personally known to me or who has produced _____ As identification and who did take an oath.

Notary Public/Deputy Clerk

IN THE COUNTY COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

CASE NO. _____.

DEFENDANT’S REQUEST TO PERFORM COMMUNITY SERVICE HOURS

I, _____ request to ‘work off’ my fine/court cost by
doing community service. The reason for this request is:

I have completed the attached Affidavit of Insolvency before a Notary Public.

Defendant’s Address: _____

Defendant’s Phone # _____

Amount of Fine/Court Cost: _____ TOTAL DUE: \$ _____

Defendant must pay late fee (if applicable) and suspension fee in order to receive the driver license clearance form.

Under penalty of perjury I hereby swear that the above information is true to the best of my knowledge and belief.

Defendant’s Signature

Date