

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

STATE OF FLORIDA

CASE NO. _____

vs.

Defendant

INDIGENT FOR COSTS AFFIDAVIT OF ATTORNEY'S FEES

Pursuant to §27.52(5), Florida Statutes

I _____ (print name), am represented
by _____ (name of attorney) in
the above entitled action. The estimated amount of fees for the attorney named above
in this case is _____ dollars
(\$_____). The fees paid or to be paid to the attorney were or are being paid by:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

No other compensation, things of value or funds have been paid or are anticipated to be
paid in the future to the attorney in this case from any other person or source. The
attorney represents me in other cases as follows:

Case No: _____ Fee: \$ _____

Case No: _____ Fee: \$ _____

Other information: _____

Under penalty of perjury, I declare that I have read the foregoing Indigent for
Costs Affidavit of Attorney's Fees and that the facts stated in it are true.

Dated: _____

Signature