

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)(a)(2), Florida Statutes

_____ (print defendant name) is represented by
_____ (print attorney name) in the above entitled action.

The estimated attorney fees for the above named attorney are: \$ _____

The above named attorney has been paid a total of (as of this date): \$ _____

The fees paid to or to be paid to the above named attorney are being paid by:

(Please list all sources of the fee payment, even if the defendant.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The attorney represents the defendant in other cases as follows:

Case No: _____ Fee: \$ _____

Case No: _____ Fee: \$ _____

Case No: _____ Fee: \$ _____

Other information: _____

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

Dated: _____

Signature: _____