

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

I \_\_\_\_\_ (print name) am the parent/guardian of the  
above referenced minor child who 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: \_\_\_\_\_