

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_

**INDIGENT FOR COSTS AFFIDAVIT OF ATTORNEY'S FEES**

Pursuant to §57.082(4), 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