



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM  
12.902(a),  
AFFIDAVIT OF INDIGENCY

**When should this form be used?**

This form should be used by anyone in a family law case who is unable to pay court fees and costs and is requesting a waiver of those fees and costs.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should **file** the original with the **clerk of the circuit court** in the county where the **petition** was filed and keep a copy for your records. In addition, you must attach a **Family Law Financial Affidavit**,   Florida Family Law Rules of Procedure Form 12.902(b), to this form.



**What should I do next?**



A copy of this form, along with all of the other necessary forms, must be mailed or hand delivered to your spouse in your case.

**Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** The words that are in “**bold underline**” in these instructions are defined there.

**Special notes...**

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner’s Request for Confidential Filing of Address**,   Florida Supreme Court Approved Family Law Form 12.980(i).

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**,   Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and


\_\_\_\_\_,  
Respondent.


### AFFIDAVIT OF INDIGENCY

I, {full legal name} \_\_\_\_\_, being sworn, certify that the following statements are true:

I am financially insolvent and unable to pay the charges, costs, or fees otherwise payable by law to the clerk of the circuit court or sheriff in this civil action. I make this claim because:

[ ☒ one only]

\_\_\_\_ a. I am currently receiving public assistance in the amount of: \$\_\_\_\_\_ per ( ) week ( ) month.  
My public assistance case number is: \_\_\_\_\_. My financial affidavit,  Florida Family Law Rules of Procedure Form 12.902(b), is attached.

\_\_\_\_ b. I am unable to pay those clerk's fees and costs because of indigency, based on facts contained in my Family Law Financial Affidavit,  Florida Family Law Rules of Procedure Form 12.902(b), which is attached.

**I CERTIFY THAT NO PERSON HAS BEEN PAID OR PROMISED ANY PAYMENT OF ANY REMUNERATION BY ME FOR SERVICES PERFORMED ON MY BEHALF IN CONNECTION WITH THIS ACTION OR PROCEEDING.**

I certify that a copy of this document was [ ☒ one only ] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_


Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
\_\_\_\_\_ Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [  fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, located at *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_,  
who is the [  **one** only] \_\_\_ petitioner **or** \_\_\_ respondent, fill out this form.