

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

8.07CV1168-T30  
TGW

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA, FLORIDA

07 JUL -3 PM 3:21

FILED

DENNIS HUNT  
Plaintiff,

-v-

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

Defendant(s)

**AFFIDAVIT OF INDIGENCY**

I, Dennis Hunt, being first duly sworn, depose and make under oath the following application and affidavit, pursuant to Title 28 USC § 1915, to proceed *in forma pauperis* in the United States District Court for the Middle District of Florida. I am unable to make prepayment of fees and costs or to give security therefor, and it is my belief that I am entitled to redress, and that I have not, for the purpose of avoiding payment of said cost, divested myself of any property, monies, or any items of value.

**I. BRIEF STATEMENT OF THE NATURE OF THE ACTION:**

42 U.S.C. §1983 - Civil Rights

Hunt v. Hillsborough County et al

Doc. 2

**II. RESIDENCE**

Affiant's address: 2009 E 26<sup>th</sup> Ave Unit D

Tampa, FL 33605

**III. MARITAL STATUS:**

- 1. Single  Married  Separated  Divorced
- 2. If married, spouse's full name: NA

**IV. DEPENDENTS:**

- 1. Number: NONE
- 2. Relationship to dependent(s): NA
- 3. How much money do you contribute to your dependents' support on a monthly basis? \$ NA

**V. EMPLOYMENT OR DISABILITY INCOME:**

(Information provided below applies to your present employment or last employment).

- 1. Name of employer: NONE Disabled - SSD - Qualified Individual with Disabilities
  - a. address : Social Security Administration, 3415 E Frontage Rd  
(Street)  
Tampa FL 33607  
(City) (State) (Zip)
  - b. State how long affiant has been (was) employed by present (or last) employer?  
Years: 0 Months: 0
  - c. Disability Income: Monthly \$ 750. or Weekly: \$
  - d. What is (was) the affiant's job title? None - Disabled
- 2. If unemployed, date of last employment: Around year of 1995 or 1996.
- 3. Is spouse employed? NO If so, name of employer: NA


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  - a. Income: Monthly \$ 0 or Weekly: \$ 0
  - b. What is spouse's job title? NA
- 4. Are you and/or your spouse receiving welfare aid? Yes  No 
  - If so, amount: Monthly \$ 0 or Weekly \$ 0

**VI. FINANCIAL STATUS:**

1. Owner of real property (excluding ordinary household furnishings and clothing):
  - a. Description: NONE
  - b. Full address: NA  
(street)  
NA  
(City) (State) (Zip)
  - c. In whose name? NA
  - d. Estimated value: \$ 0
  - e. Total amount owed: \$ 0  
Owed to: NA for \$ 0  
NA for \$ 0
  - f. Annual income from property: \$ 0
  
2. Other assets/property:
  - a. Automobile: Year 1985 Make Pontiac Model Fiero  
In whose name registered: Dennis Hunt  
Present value of car: \$ 300. to 400.  
Amount owed: \$ 0  
Owed to: NA
  - b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: \$ 30.
  - c. List monies received during the last twelve (12) months into your hands, into banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:  
  
Business, profession, or other forms of self employment: \$ 0  
Rent payments, interest, or dividends: \$ 0  
Pensions, annuities, or life insurance payments: \$ 0  
Gifts or inheritances: \$ 0  
Stocks, bonds, or notes: \$ 0

Other sources: \$ 0

3. Obligations:

a. Monthly rental on house or apartment: \$ 400.

b. Monthly mortgage payments on house: \$ 0

4. Other information pertinent to affiant's financial debts and obligations:

<u>STATE OF CT</u>	<u>11,000.</u>	<u>—</u>
(Creditor)	(Total debt)	(Monthly
payment)		
<u>IRS</u>	<u>2,500.</u>	<u>—</u>
(Creditor)	(Total debt)	(Monthly
payment)		
<u>U.S. DEPT EDUC.</u>	<u>26,000</u>	<u>—</u>
(Creditor)	(Total debt)	(Monthly
payment)		

Other (explain): \_\_\_\_\_

**VII. FOR PRISONER AFFIANTS ONLY:**

1. Date(s) of incarceration: NA

2. Estimated release or parole date: NA

3. A copy of the prisoner's account statement containing all transactions in affiant's prisoner account **for the six (6) months immediately preceding the filing of the Complaint or Petition must accompany this Affidavit.** The account statement must be obtained from an authorized official of each prison at which the prisoner is or was confined during this period of time. The account statement must be in the form of a computer printout or bank ledger card prepared by the institution or an account statement prepared by an authorized officer of the institution. **Failure to provide this account statement may result in the dismissal of this action.**

The requirement to submit the account statement does not negate the prisoner affiant's responsibility to ensure that the Affidavit Certificate found on page 6 of this Affidavit of Indigency is also properly executed and filed.

**VIII. ALL AFFIANTS MUST READ AND SIGN**

**I UNDERSTAND** that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury of making false statements. **FURTHER, I CERTIFY** that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

**UNDER PENALTIES OF PERJURY, I SWEAR THE FACTS STATED HEREIN ARE TRUE AND CORRECT.**

July 3, 2007  
DATE

Dennis Hunt

Signature of Affiant

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, 20\_\_\_\_, BY DENNIS HUNT  
(Insert name of person acknowledged)

WHO IS PERSONALLY KNOWN TO ME

OR WHO HAS PRODUCED \_\_\_\_\_  
(State type of identification)

AS IDENTIFICATION AND WHO ( DID \_\_\_\_\_ ) ( DID NOT \_\_\_\_\_ ) TAKE AN OATH.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_