

FILED

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

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
~~FORT MYERS~~ DIVISION *D.H.*
TAMPA DIVISION

DENNIS HUNT
Plaintiff(s),

Case No. 8:07-cv-1168-T-30TBM

-v-
LAW LIBRARY BOARD;
NORMA J. WISE, IN OFFICIAL CAPACITY AND INDIVIDUALLY; AND
DAVID L. PILVER, Defendant(s)
INDIVIDUALLY;

AFFIDAVIT OF INDIGENCY

(EACH PLAINTIFF MUST COMPLETE A SEPARATE 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,
VIOLATIONS OF CIVIL RIGHTS.

II. RESIDENCE

Affiant's address: 2319 NANTUCKET DRIVE
(Street)

SUN CITY CENTER FL 33573
(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single Married Separated Divorced

2. If married, spouse's full name: _____

IV. DEPENDENTS:

1. Number: _____

2. Relationship to dependent(s): _____

3. How much money do you contribute to your dependents' support on a monthly basis?
\$ _____

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

1. Name of employer: EYESHOT/ EVENTZ EXTRAORDINAIRE, INC.

a. address of employer: 1100 BIARRITZ DRIVE
(Street)

MIAMI BEACH FL 33141
(City) (State) (Zip)

b. State how long affiant has been (was) employed by present (or last) employer?

Years: 2 Months: _____

c. Income: Monthly \$ 186. or Weekly: \$ 43.

d. What is (was) the affiant's job title? HUMAN DIRECTIONAL

2. If unemployed, date of last employment: _____

3. Is spouse employed? Yes No If so, name of employer: _____

a. Income: Monthly \$ _____ or Weekly: \$ _____

b. What is spouse's job title? _____

4. Are you and/or your spouse receiving welfare aid? Yes No

If so, amount: Monthly \$ _____ or Weekly \$ _____

VI. FINANCIAL STATUS:

1. Owner of real property (excluding ordinary household furnishings and clothing):

a. Description: _____

b. Full address: _____
(street)

(City) (State) (Zip)

c. In whose name? _____

d. Estimated value: \$ _____

e. Total amount owed: \$ _____

Owed to: _____ for \$ _____

_____ for \$ _____

f. Annual income from property: \$ 0

2. Other assets/property:

a. Automobile: Make PONTIAC Model FIERO

In whose name registered: DENNIS HUNT

Present value of car: \$ 650

Amount owed: \$ 0

Owed to: _____

b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: \$ 60

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: SOCIAL SECURITY DISABILITY INCOME \$ 848.10/MONTH

3. Obligations:

a. Monthly rental on house or apartment: \$ 500

b. Monthly mortgage payments on house: \$ _____

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

(Creditor)	(Total debt)	(Monthly payment)
(Creditor)	(Total debt)	(Monthly payment)

Other (explain): _____

VII. FOR PRISONER AFFIANTS ONLY:

1. Date(s) of incarceration: _____
2. Estimated release or parole date: _____
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.

Dennis Hunt

Signature of Affiant

STATE OF FLORIDA

COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____

_____, 20____, BY _____
(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:

I HAVE READ THE FOREGOING AFFIDAVIT OF INDIGENCY AND UNDER THE PENALTIES OF PERJURY, I STATE THE FACTS STATED THEREIN ARE TRUE AND CORRECT.

Dennis Hunt


DENNIS HUNT

March 25, 2009

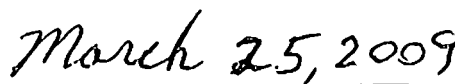
DATE

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing has been forwarded via U.S.P.S
First Class Mail to Stephen M. Todd, Senior Assistant County Attorney, P.O. Box 1110, Tampa
FL 33601-1110, on this ^{25TH 10:21} ~~17th~~ day of March 2009.



DENNIS HUNT
2319 Nantucket Drive
Sun City Center, FL 33573
Tel: (813) 436-9915



DATE