

FILED
2007 SEP 28 PM 3:55
MIDDLE DISTRICT OF FLORIDA
TAMPA, FLORIDA

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

8:07-cv-01778-T-24/MSS

Anonymous Patrons
Laura Thacker Plaintiff(s),

-v- Hillsborough County Public Library
Cooperative
Hillsborough County Library Board Defendant(s)
Case No.

AFFIDAVIT OF INDIGENCY

(EACH PLAINTIFF MUST COMPLETE A SEPARATE AFFIDAVIT OF INDIGENCY)

I, Laura Thacker, 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: Library cutting
services + availability unfairly +
unconstitutionally state

II. RESIDENCE

Affiant's address: 8422 N. Arden Ave
(Street)
Tampa FL 33604
(City) (State) (Zip Code)

IFP

III. MARITAL STATUS:

1. Single ☐ Married ☐ Separated ☐ Divorced ☐

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

IV. DEPENDENTS:

1. Number: 3

2. Relationship to dependent(s): Parent

3. How much money do you contribute to your dependents' support on a monthly basis?
\$ all 600⁰⁰

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

1. Name of employer: HCC

a. address of employer: P.O. Box 30010

(Street)

Orange FL 33630

(City)

(State)

(Zip)

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

Years: 5 Months: _____

c. Income: Monthly \$ 800⁰⁰ app or Weekly: \$ _____

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

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: Home & home address

b. Full address: 8422 N. Arden Ave
 (street)
Tampa FL 33604
 (City) (State) (Zip)

c. In whose name? Laura Thacker

d. Estimated value: \$ 75,000 +

e. Total amount owed: \$ 21.000

Owed to: Americatravel for \$ 21000

mortgage for \$

f. Annual income from property: \$ _____

2. Other assets/property:

a. Automobile: Make 1994 Model Jeep Grand Cherokee

In whose name registered: Lawrence Crocker

Present value of car: \$ 1000

Amount owed: \$

Owed to: _____

b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: \$ 800.00

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: \$ 5000.00

Rent payments, interest, or dividends: \$ _____

Pensions, annuities, or life insurance payments \$ _____

Gifts or inheritances: \$

Stocks, bonds, or notes: \$ _____

Other sources: \$ _____

3. Obligations:

a. Monthly rental on house or apartment: \$ 119.00

b. Monthly mortgage payments on house: \$ 119.09

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

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

Other (explain): bankruptcy status
02-23626-863

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.


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: _____

AFFIDAVIT CERTIFICATE
(Prisoner Accounts Only)

I HEREBY CERTIFY THAT _____, has the sum of \$ _____
(Name of Affiant)

as of _____ On account to his credit at the _____
(date)

institution where he is confined. I further certify that the above named prisoner affiant has the following securities to his credit according to the records of this institution:

Authorized Officer of Institution