

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

Deborah Dolen Plaintiff(s),

-v-

Case No. 8:09-cv-2120-T-23AEP

Julie Ryals, Et Ali.

Defendant(s)

12 FEB 24 PM 1:10
MIDDLE DISTRICT OF FLORIDA
TAMPA, FLORIDA

FILED

AFFIDAVIT OF INDIGENCY

(EACH PLAINTIFF MUST COMPLETE A SEPARATE AFFIDAVIT OF INDIGENCY)

I, Deborah R. Dolen, 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: Purposes of appeal. Defendants and stalk [to this very day] Plaintiff's brand names and personal name on the internet causing a major loss income. Litigation has gone on for almost 3 years and this resulted in a trial. Defendants prevailed on a Rule 50 motion to dismiss Plaintiff's action and Plaintiff prevailed on her Rule 50 motion to dismiss Defendants counter claim. It was clear at the trial bench no attorneys fees would be awarded and each party pays his own. Defendants later requested Attorneys fees and sanctions.

II. **RESIDENCE**

Affiant's address: 3019 Pine Street
(Street)

Bradenton FL 34208 -
(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single Married Separated Divorced

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

IV. DEPENDENTS:

1. Number: None

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: Self Employed

a. address of employer: 3019 Pine Street
(Street)

Bradenton FL 34208 -
(City) (State) (Zip)

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

Years: 11 Months: _____

c. Income: Monthly \$ 1,183.58 or Weekly: \$ _____

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

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: None

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: \$ _____

2. Other assets/property:

a. Automobile: Make Jeep 2001 Model Cherokee

In whose name registered: Deborah Dolen

Present value of car: \$ 3,300.00

Amount owed: \$ 1,880.00

Owed to: Sherry Farley

b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: \$ -3,400.00

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: \$ 14,203.00

Rent payments, interest, or dividends: \$ 1,407.24

Pensions, annuities, or life insurance payments \$ _____

Gifts or inheritances: \$ _____

Stocks, bonds, or notes: \$ _____

Other sources: \$ _____

3. Obligations:

a. Monthly rental on house or apartment: \$ 1,200.00

b. Monthly mortgage payments on house: \$ _____

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

Sherry Farley trial Costs loan - Due in Full now	1,880.00	1,880.00
(Creditor)	(Total debt)	(Monthly payment)
February 2011 Note amount \$2,000		
(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.

Sworn under oath on Signing

[Handwritten Signature]
Signature of Affiant

STATE OF FLORIDA
COUNTY OF Hillsborough FL

February 24, 2012

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: _____

Will make notarized copies next week

Sworn to under oath of Truth

[Handwritten signature]

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