

FILED  
*[Signature]*

**AFFIDAVIT**

98 SEP 22 PM 2: 04

STATE OF FLORIDA )  
 ) ss.  
COUNTY OF UNION )

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

I, **MARTIN E. GROSSMAN**, being first duly sworn, depose and say that I am the petitioner in the above entitled case, that in support of my motion to proceed in forma pauperis without being required to prepay fees, costs or give security therefore, I state that because of my poverty, I am unable to pay the costs of said proceedings or to give security therefor; that I believe I am entitled to redress.

I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the costs of filing the petition are true.

1. Are you presently employed?
  - a. If the answer is yes, state the amount of your wages or salary per month, and give the name and address of your employer.
  - b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received.
2. Have you received within the last twelve months any income from a business, profession or other form of self-employment, or in the form of rent payments, interests, dividends or other source?
  - a. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.
3. Do you own any cash, savings or checking account?
  - a. If the answer is yes, state the total value of the items owned.

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4. Do you own any real estate, stocks, bonds, notes, automobiles, or other value property (excluding ordinary household furnishings and clothing)?

a. If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support and state your relationships to those persons.

I understand that a false statement or answer to any question in this Affidavit will subject to penalties for perjury.

Martin E. Grossman  
MARTIN E. GROSSMAN

SUBSCRIBED TO AND SWORN TO before me this 17 day of September, 1998.

Darren Alfonso  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires:



Darren Alfonso  
MY COMMISSION # CC768874 EXPIRES  
August 19, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Personally Known  
 ID Produced: \_\_\_\_\_

EXHIBIT A (Statement of Prison Account)

**STATEMENT OF PRISON ACCOUNT**

The business records of Union Correctional Institution,  
Raiford, Union County, Florida, indicate that MARTIN E. GROSSMAN,  
DOC #<sup>089742</sup>~~079701~~, has a balance of \$ 8.26 as of this date.

Jean Sheford NAME

Fiscal Assistant II TITLE

9/17/98 DATE