STATE OF GEORGIA

STEPHENS COUNTY

□ Magistrate Court □ State Court □ Superior Court

_____

Petitioner/Plaintiff,

Civil Action File No. _____

v.

_____

Respondent/Defendant.

AFFIDAVIT OF INDIGENCY

I am the □ Plaintiff/Petitioner (party bringing suit) □ Defendant/Respondent (party responding to suit). I am submitting this Affidavit of Indigency to ask that my court filing fees and costs be waived. I understand that the information I provide will be used by the Court to determine my eligibility to proceed without paying fees or costs. **I further understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury and that state law provides that a person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, s/he knowingly and willfully makes a false statement material to the issue or point in question. A person convicted of the offense of perjury shall be punished by a fine of not more than $1,000 or by imprisonment for not less than one nor more than ten years, or both. O.G.C.A. § 16-10-70.**

A. IDENTIFYING INFORMATION

Name: _____

Address: _____

Phone: _____ Year of Birth: _____

Single □ Married □

B. DEPENDENTS

1. How many people, not including yourself, do you financially support? _____

   List any dependents on the next page.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. INCOME

1. What is your monthly household income (the combined monthly income of every adult in your household)? _____

2. Are you employed? □ Yes □ No

   If "No", when did you last work? _____

   If "Yes", give the name and address of your employer:

   _____

   _____

   I am paid □ Weekly □Bi-Weekly □Monthly (*check box that applies*)

   What is your gross monthly income (income before taxes):_____

   What is your net monthly income (income after taxes): _____

3. My income comes from the following sources: [*check all that apply*]

□ Earnings from my job	□ Child Support
□ Earnings from business/ self-employment	□ TANF
□ Other work	□ Alimony
□ Social Security	□ SSI
□ Disability Insurance or Workers Compensation	□ VA benefits
□ Unemployment benefits	□ Gifts or inheritances
□ Pension, annuities or Retirement Benefits	□ Life insurance payments
□ Other income or payments regularly received	□ Any other sources

List amount(s) received from these sources:

Source	Monthly Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Supporting documentation

    a. If you have income from an employer, please provide a copy of your most recent pay stub (a document given to employees with each paycheck showing the amount of money the employee earned and the amount that was removed for taxes, insurance costs, etc.)

    b. If you checked any of the other boxes above as a source of income, please provide supporting documentation for that income as well (copies of benefit checks, etc.).

    c. Please provide any other documents relating to and/or supporting your inability to pay court costs.

D. ASSETS

1. How much money do you currently have on hand, including your checking and savings accounts?

    a. Current amount in checking account $_____

    b. Current amount in savings account $_____

    c. Current amount in any other account (*i.e.*, money market, CD, etc.) $_____

2. Do you have cash on hand that is not in an account? □Yes □No

    a. If yes, how much? $_____

3. Do you own any stocks or bonds? □Yes □No

    a. If yes, list and describe

_____

_____

4. Do you own or lease a motor vehicle? □Yes □No

   a. If yes, provide year, make, and model:

Year	Make	Model
_____	_____	_____
_____	_____	_____

5. Do you own a home or other real estate? □Yes □ No

   a. If yes, list below:

Description	Value	Amount Owed (Mortgage)
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. EXPENSES

1. I pay the following bills each month:

Rent/Mortgage	$ _____	Cell Phone	$ _____	Groceries	$ _____
Doctor/Hospital	$_____	Loans	$ _____	Credit Cards	$_____
Car Payment	$ _____	Alimony	$_____	Child Support	$_____
Cable/Sat TV	$ _____	Attorneys	$_____	Utilities	$_____
Other Debts	$ _____	Insurance	$_____	Child Care	$_____

2. Please provide supporting documentation of the above listed bills for the court to consider.

F. OTHER INFORMATION - SPECIAL FINANCIAL CIRCUMSTANCES

Are there other circumstances which make it impossible for you to pay the costs of this action that are not explained above (*e.g.*, disability, illness, etc.)? □Yes □No

If yes, use the space below to explain. Include any facts which will help the Court to determine whether you can afford to pay the required fees.

_____

_____

□ I had or have a pending bankruptcy. The court case number and year of my bankruptcy is

_____

□ Other relevant financial information you would like the Court to consider:

_____

_____

_____

_____

_____

G. OTHER PENDING CASES

1. Do you have any other pending cases? □Yes □No

   a. If yes, list below:

Case Number	Type of Case	Status of Case
_____	_____	_____
_____	_____	_____
_____	_____	_____

   b. If you checked Yes to Question 1 above, did you file an Affidavit of Indigency in the pending case(s)? □Yes □No

      i. If yes, state the outcome of the Affidavit(s) of Indigency.

      _____

      _____

      _____

2. Other than any Affidavits of Indigency listed above, have you applied for indigent status in the past year? □Yes □No

a. If yes, was it granted or denied?

_____

_____

b. Please explain the details.

_____

_____

_____

I, _____, do swear or affirm under penalty of law that the statements contained in this Affidavit are true. I further attest that I am the □ Plaintiff/Petitioner □ Defendant/Respondent in this action and that I personally provided the contents of this Affidavit of Indigency. I have read the summary of the perjury statute set forth above and am aware of the penalties for giving any false information on this form.

Signature of Affiant _____ Date_____
(Sign your name in front of the Notary)

Sworn to and subscribed to me, this
_____day of_____, 20_____.

_____
NOTARY PUBLIC
My Commission Expires _____.
(Notary Seal)