

\$5.00 fee for forms.

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_, )  
Plaintiff, )  
v. )  
\_\_\_\_\_, ) Civil Action File No. \_\_\_\_\_  
Defendant )  
)  
)  
)

**AFFIDAVIT OF ELIGIBILITY TO PROCEED IN FORMA PAUPERIS**

I am the \_\_\_ Plaintiff \_\_\_ Defendant in this case. I am filing this Affidavit of Poverty under OCGA § 9-15-2, to ask that I be relieved from paying the court costs. I hereby swear or affirm, before a notary public, that the following information is true:

1.

I, \_\_\_\_\_, swear or affirm that I am the \_\_\_\_\_ (plaintiff or defendant) in the above-styled case, and that because of my indigent status, I am unable to pay the costs of this proceeding. I further swear that the responses which I have made to questions and instructions on this statement relating to my ability to pay the cost of proceeding in this action are true.

\_\_\_\_\_  
Party Proceeding in Forma Pauperis

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
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**Approved** /  **Denied** \_\_\_\_\_  
**Judge of Superior Court**  
\_\_\_\_\_ County

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A. IDENTIFYING INFORMATION

1. Name \_\_\_\_\_  
Last First Middle

2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Current Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Apt. #, if any City State Zip Code

\_\_\_\_\_ County

4. Home telephone \_\_\_\_\_

5. Work or other phone \_\_\_\_\_

6. Marital Status:  Married;  Single;  Divorced;  Widowed.

B. DEPENDENTS/DEPENDENCY

1. How many people, not including yourself, do you support? \_\_\_\_\_

List Below			yes/no
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Support Totally?</u>


2. Is there any person (parents, husband) who is under a legal duty to support you? \_\_\_\_\_

If yes, give the name of this person and explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. PUBLIC ASSISTANCE

Do you currently receive either Aid to Families of Dependant Children (AFDC) or Supplemental Security Income (SSI)? \_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, list the type of assistance and amount.

\_\_\_\_\_ ; \$ \_\_\_\_\_

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\_\_\_\_\_ ; \$ \_\_\_\_\_

TOTAL

\$ \_\_\_\_\_ Medicaid Card \_\_\_\_\_ Month and Year Issued \_\_\_\_\_

NOTE: If you answer "yes" to the above question, the court may wish to verify the information you have given. Although the court will keep this information confidential, by completing this question you authorize the release of information from the Social Security Administration and/or the Department of Family and Children's Services.

D. MONTHLY INCOME

1. Do you have a job or jobs? \_\_\_\_\_ Yes ; \_\_\_\_\_ No

List name and phone number(s) of employer(s), if any.

<u>Employer</u>	<u>Phone</u>	<u>Monthly Wages</u>

Per month total for all employers combined: \$ \_\_\_\_\_

2. Do you have any other regular income? \_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, list below. Include all salary or wages and social security benefits that are not listed above plus all workers compensation, pension payments, insurance benefits, alimony or child support payments, disability payments, unemployment payments, and any other income that you receive on a regular basis.

<u>Type of Income/ Source</u>	<u>Monthly Amount</u>

E. ASSETS

1. How much cash do you currently have available to you, including your checking and savings accounts?

<u>Name of Financial Institution</u>	<u>Account Number</u>	<u>Amount</u>

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Amount of cash not in an account: \$ \_\_\_\_\_

Total for all amounts listed in E.1.: \$ \_\_\_\_\_

2. Do you own a car, truck, van or other motor vehicle? \_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, list below:

Description	Approximate value	Amount owed on vehicle
_____	_____	_____
_____	_____	_____

Total: \$ \_\_\_\_\_

3. Do you own a home or other real estate? \_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, list below:

Description	Approximate value	Amount owed on mortgage
_____	_____	_____
_____	_____	_____

4. Do you own any valuable items of personal property such as TV sets, stereos, stocks or bonds, jewelry, furs, or other items? (Do not include clothing, furniture or household appliances such as stoves or refrigerators.) \_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, list below.

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

**F. LIABILITIES**

1. List all debts owed over \$100 and all payments which you must make on a regular basis below. Include house payments, rent, child support or alimony payments, charge account payments, loan payments and any other payment which you must make on a regular basis. Do not include ordinary expenses such as food, clothing, utility bills and similar items.

<u>Source of Debt</u>	<u>Total Amount Owed</u>	<u>Monthly Payment Amount</u>
_____	_____	_____

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<u>Source of Debt</u>	<u>Total Amount Owed</u>	<u>Monthly Payment Amount</u>

2. Do you have any unusual or extraordinary expenses or circumstances such as large medical bills which are not listed above? \_\_\_\_\_ Yes ; \_\_\_\_\_ No  
If yes, explain below.

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3. Are there any other circumstances which make you unable to pay the costs of this action and are not fully explained above: (e.g. disability, illness, etc.)  
\_\_\_\_\_ Yes ; \_\_\_\_\_ No

If yes, use the space below to explain your circumstances. Include any facts which will help the court to determine whether you can afford to pay the required fee(s).

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