

Requirements for Poverty Affidavits

The following is required prior to presentment to a Judge.

Please review:

- Is your Poverty Affidavit completely filled out?
- Is it notarized? If not, please have it notarized.
- Have you attached supporting documents?
 - Monthly Bills (cable, phone, electric, gas, credit card statement, bank account statement)
 - Pay Stubs
 - Proof of Unemployment
 - Disability
 - Bank statements, debit card statements, etc.
- If you do not have any bills, or your income is \$0.00 please include supporting documents to show where you are living and who is providing your support.
- If a superior court case, have you attached a copy of your filing (Motion for temporary restraining order, name change, legitimation, etc.)?

STATE OF GEORGIA

_____ COUNTY

Juvenile Court Superior Court

Petitioner/Plaintiff,
Child(ren)'s Initials if Juvenile case

Civil Action/File No. _____

v.

Respondent/Defendant.

AFFIDAVIT OF INDINGENCY

I am the Plaintiff/Petitioner (party bringing suit) Defendant/Respondent (party responding to suit) Mother/Father/Guardian. I am submitting this Affidavit of Indigency to ask that my court filing fees and costs be waived or for the appointment of an attorney. 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 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.C.G.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 below.

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*)

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

- | | |
|---|--|
| <input type="checkbox"/> Earnings from my job | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Earnings from business/self-employment | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Other work | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Disability Insurance or Workers Compensation | <input type="checkbox"/> VA benefits |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Gifts or inheritances |
| <input type="checkbox"/> Pension, annuities or Retirement Benefits | <input type="checkbox"/> Life insurance payments |
| <input type="checkbox"/> Other income or payments regularly received | <input type="checkbox"/> 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 check, 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
- c. 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?

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 Mother/Father/Guardian (*circle one*) 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 a Notary)

Sworn to and subscribed to me, this _____ day of _____, 20____.

NOTARY PUBLIC
 My Commission Expires _____.
 (Notary Seal)

