

STATE OF GEORGIA
COUNTY OF _____

AFFIDAVIT AND MOTION TO PROCEED IN FORMA PAUPERIS

I, _____, the undersigned, having been duly sworn, hereby state as follows:

That I am the plaintiff in the above and foregoing case and thereby responsible for payment of fees and court costs.

I am presently _____ years of age and have been unable to engage in substantial gainful employment since _____.

My total monthly income is as follows: _____.

I do not own any assets, bank accounts, stocks, bonds or other valuable property.

If I am required to pay the costs of this case I will not be able to prosecute my case due to lack of funds.

I believe and state that I have a meritorious claim and desire to proceed in forma pauperis.

SWORN TO and SUBSCRIBED BEFORE ME,

this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____

IN THE _____ COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Plaintiff,

v.

_____,
Defendant

)
)
)
)
) Civil Action File No. _____
)
)
)
)

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

Approved / Denied

Judge of Superior Court

_____ County

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
Name	Age	Relationship	Support Totally?

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.

_____ ; \$ _____

_____ ; \$ _____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>

<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.

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).
