

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,)
)
Plaintiff,) CIVIL ACTION FILE
)
v.)
) NO. _____
_____,)
)
Defendant.)

AFFIDAVIT OF POVERTY

I am the _____ Plaintiff _____ Defendant in this case. I am filing this Affidavit of Poverty under O.C.G.A. section 9-5-2, 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. Because I am indigent, I am unable to pay the filing fee, service fee, and other costs which are normally required in the court.

2. My income comes from the following sources: (Check all that apply)

Earnings from my job Social Security Unemployment benefits Alimony
 VA Benefits Workers' Compensation VA Benefits
 Other _____ (Name)

3. My average gross income (before taxes) is \$ _____ per month; my net income (After taxes) is \$ _____ per month.

4. In addition to my own income, my other family members living with me have total income of \$ _____ per month.

5. I have \$ _____ in my savings account(s) and \$ _____ in my checking accounts(s).

6. The amount of my rent or mortgage payment is \$ _____ per month.

7. I pay \$ _____ in child support, alimony or other support to other family member who do not live with me.

8. I support the following dependents who live with me:

_____.

I have the following special financial circumstances:

_____.

9 Other:

Bankruptcy: _____

Behind on Debts: _____

__ Plaintiff __ Defendant
(Check and sign here)

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

Notary Public

My Commission Expires: _____