

IN THE SUPERIOR COURT FOR THE COUNTY OF _____
STATE OF GEORGIA

_____, Plaintiff, v. _____, Defendant.	CIVIL ACTION FILE NUMBER: _____
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AFFIDAVIT OF POVERTY

I am the Plaintiff Defendant in the above-styled case. I am filing this Affidavit of Poverty under O.C.G.A. § 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.

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 Other Work Social Security or SSI Unemployment Benefits
- VA Benefits Disability Insurance or Worker's Compensation Child Support
- TANF Pension or Retirement Benefits Alimony Help from family or friends

3.

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

4.

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

5.

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

[Check one of the following:] I am current on my payments. I am _____ months in arrears.

6.

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

7.

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

 Plaintiff Defendant (*check & sign here*)

Subscribed and sworn before me on
_____, 20____.

Notary Public