In the Superior Court of _____ County, Georgia

State of Georgia

_____, Plaintiff	§	
	§	Civil Action File No. _____
vs.	§	
_____, Defendant	§	

AFFIDAVIT AND MOTION TO PROCEED IN FORMA PAUPERIS

I, _____, the undersigned, having been duly sworn, hereby states 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, that because of my indigence I am unable to pay any deposit, fee, or other costs which are normally required in the court and request that I be relieved of such responsibility.

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.

I submit the following financial information as required by the Court in support of my request.

1. Names and birth dates of affiant's children:

Name	Date of Birth

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A)	$ _____
(b) Net monthly income (from item 3B)	_____
(c) Average monthly expenses (item 5A)	$ _____
Monthly payments to creditors	+ _____
Total monthly expenses and payments to creditors (item 5C)	$ _____

(3A) AFFIANT'S GROSS MONTHLY INCOME
(All income must be entered based on monthly average regardless of date of receipt)

Salary - WAGES ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS	$ _____
Commissions, Fees, Tips	$ _____
Income from self-employment, partnership, close corporations, and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income)	$ _____
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)	$ _____
Bonuses	$ _____
Overtime Payments	$ _____
Severance Pay	$ _____
Recurring Income from Pensions or Retirement Plans	$ _____
Interest and Dividends	$ _____
Trust Income	$ _____
Income from Annuities	$ _____
Capital Gains	$ _____
Social Security Disability or Retirement Benefits	$ _____
Workers' Compensation Benefits	$ _____
Unemployment Benefits	$ _____
Judgments from Personal Injury or Other Civil Cases	$ _____
Gifts (cash or other gifts that can be converted to cash)	$ _____
Prizes/Lottery Winnings	$ _____
Alimony and maintenance from persons not in this case	$ _____
Assets which are used for support of family	$ _____
Fringe Benefits (if significantly reduce living expenses)	$ _____
Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps)	$ _____
GROSS MONTHLY INCOME	$ _____

(3B) Affiant's Net Monthly Income from employment (deducting only state and federal taxes and FICA) $ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

Description	**Value**	**Separate Asset of the Husband**	**Separate Asset of the Wife**	**Basis of the Claim**
Cash	$_____	_____	_____	_____
Stocks, bonds	$_____	_____	_____	_____
CD's/Money Market Accounts	$_____	_____	_____	_____
Bank Accounts (list each account):				
_____	$_____	_____	_____	_____
_____	$_____	_____	_____	_____
_____	$_____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	$_____	_____	_____	_____
Money owed you:	$_____	_____	_____	_____
Tax Refund owed you:	$_____	_____	_____	_____
Real Estate:				
home:	$ _____	_____	_____	_____
debt owed:	$ _____			
other:	$_____	_____	_____	_____
debt owed:	$ _____			
Automobiles/Vehicles:				
Vehicle 1:	$_____	_____	_____	_____
debt owed	$_____			
Vehicle 2:	$_____	_____	_____	_____
debt owed	$_____			

Life Insurance (net cash value):	$_____	_____	_____	_____
Furniture/furnishings:	$_____	_____	_____	_____
Jewelry:	$_____	_____	_____	_____
Collectibles:	$_____	_____	_____	_____
Other Assets:	$_____	_____	_____	_____
_____	$_____	_____	_____	_____
_____	$_____	_____	_____	_____
_____	$_____	_____	_____	_____
Total Assets:	$_____	_____	_____	_____

(5A) AVERAGE MONTHLY EXPENSES $ _____

HOUSEHOLD

Mortgage or rent payments	$ _____	Cable TV	$ _____
Property taxes	$ _____	Misc. household and grocery Items	$ _____
Homeowner/Renter Insurance	$ _____	Meals outside the home	$ _____
Electricity	$ _____	Other	$ _____
Water	$ _____	**AUTOMOBILE**	
Garbage and Sewer	$ _____	Gasoline	$ _____
Telephone:		Auto Repairs	$ _____
residential line:	$ _____	Auto tags and license	$ _____
cellular telephone:	$ _____	Insurance	$ _____
Gas	$ _____	**OTHER VEHICLES (boats, trailers, RVs, etc.)**	
Repairs and maintenance:	$ _____	Gasoline and oil	$_____
Lawn Care	$ _____	Repairs	$_____
Pest Control	$ _____	Tags and license	$_____
		Insurance	$_____

CHILDREN'S EXPENSES

Child care (total monthly cost) $_____

School tuition $_____

Tutoring $_____

Private lessons (e.g., music, dance) $_____

School supplies/expenses $_____

Lunch Money $_____

Other Educational Expenses (list)

_____ $_____

_____ $_____

Allowance $_____

Clothing $_____

Diapers $_____

Medical, dental, prescription (out of pocket/uncovered expenses) $_____

Grooming, hygiene $_____

Gifts from children to others $_____

Entertainment $_____

Activities (including extra-curricular, school, religious, cultural, etc.) $_____

Summer Camps $_____

OTHER INSURANCE

Health $_____
Child(ren)'s portion: $_____

Dental $_____
Child(ren)'s portion: $_____

Vision $_____
Child(ren)'s portion: $_____

Life $_____
Relationship of Beneficiary: _____

Disability $_____

Other (specify): $_____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry $_____

Clothing $_____

Medical, dental, prescription (out of pocket/uncovered expenses) $_____

Affiant's gifts (special holidays) $_____

Entertainment $_____

Recreational Expenses (e.g., fitness) $_____

Vacations $_____

Travel Expenses for Visitation $_____

Publications $_____

Dues, clubs $_____

Religious and charities $_____

Pet expenses $_____

Alimony paid to former spouse $_____

Child support paid for other children $_____

Other (attach sheet) $_____

TOTAL ABOVE EXPENSES $_____

B. PAYMENTS TO CREDITORS

To Whom:	Balance Due	Monthly Payment

TOTAL MONTHLY PAYMENTS TO CREDITORS: $ _____

(5C) TOTAL MONTHLY EXPENSES: **$ _____**

_____
Signature

SWORN TO and **SUBSCRIBED BEFORE ME,**

this _____ day of _____, 20 ____.

_____
NOTARY PUBLIC

My Commission Expires: _____

IN THE SUPERIOR COURT FOR THE COUNTY OF _____

STATE OF GEORGIA

_____,	CIVIL ACTION FILE NUMBER:
Plaintiff,	
v.	_____
_____,	
Defendant.	

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

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

_____,	CIVIL ACTION FILE NUMBER:
Plaintiff,	_____
v.	
_____,	
Defendant.	

ORDER ON AFFIDAVIT OF POVERTY

The *pro se* Plaintiff has filed an Affidavit of Poverty with the Clerk of Court. Pursuant to O.C.G.A. § 9-15-2, the Court has reviewed the Affidavit and the other initial pleadings.

☐ **Affidavit Approved** – It appears to the court that the affiant is unable to pay the filing fees and associated costs of this action. Therefore, the affiant's pleadings shall be filed, and the affiant shall be relieved from paying the filing fee, sheriff's service fee, and other costs normally required.

☐ **Affidavit Not Approved** – It appears to the Court that the affiant is able to pay the filing fee and associated costs of this action, or that filing should otherwise not be allowed under O.C.G.A. § 9-15-2(d). Therefore, the affiant shall not be relieved from paying the filing fee, sheriff's service fee, or any other costs normally required.

SO ORDERED this _____ day of _____, 20___.

_____
Judge, Superior Courts
Northern Judicial Circuit