

STATE OF GEORGIA
FULTON COUNTY

Magistrate Court

State Court

Superior Court

_____ , **Civil Action File No.** _____
Petitioner/Plaintiff,

v.

_____ ,
Respondent/Defendant.

AFFIDAVIT OF INDIGENCY

I am the Plaintiff/Petitioner (party bringing suit) Defendant/Respondent (party responding to suit). I am submitting this Affidavit of Indigency to ask that my court filing fees and costs be waived. 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 \$1,000 or by imprisonment for not less than one nor more than ten years, or both. O.G.C.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 on the next page.

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*)

What is your gross monthly income (income before taxes): _____

What is your net monthly income (income after taxes): _____

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

- | | |
|--|-------------------------|
| Earnings from my job | Child Support |
| Earnings from business/ self-employment | TANF |
| Other work | Alimony |
| Social Security | SSI |
| Disability Insurance or Workers Compensation | VA benefits |
| Unemployment benefits | Gifts or inheritances |
| Pension, annuities or Retirement Benefits | Life insurance payments |
| Other income or payments regularly received | 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 checks, 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

a. If yes, was it granted or denied?

b. 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 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 the Notary)

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

NOTARY PUBLIC
My Commission Expires _____
(Notary Seal)

**IN THE _____ COURT OF FULTON COUNTY
STATE OF GEORGIA**

_____ ,)	Civil Action File No.: _____
Plaintiff / Petitioner,)	
)	
v.)	
)	
_____ ,)	
Defendant / Respondent.)	

ORDER ON AFFIDAVIT OF INDIGENCY

The _____ Petitioner/Plaintiff _____ Respondent/Defendant has presented an *Affidavit of Indigency* to the Court. Pursuant to O.C.G.A. § 9-15-2(d), the Court has reviewed the *Affidavit of Indigency* and the other initial pleadings including _____.

Affidavit Approved - It appears to the Court that the affiant is unable to pay the Court filing fees in this action. Therefore, the affiant's pleadings shall be filed, and the affiant shall be relieved from paying the filing fee, sheriff's/marshal's service fee, and other required court costs until a final order/judgment is entered or the case is dismissed.

Affidavit Not Approved (Not indigent) – After a hearing, the affiant has not demonstrated that the affiant is unable to pay the filing fee and associated costs of this action. Therefore, the affiant shall not be relieved from paying the filing fee, sheriff's/marshal's service fee, or other required court costs.

Affidavit Not Approved (No justiciable issue) – It appears to the Court that the pleading filed by the affiant shows on its face such a complete absence of any justiciable issue of law or fact that it cannot reasonably be believed that the Court could grant any relief against any party named in the pleading. It is hereby ORDERED that the affiant's request to file the pleading is hereby DENIED.

SO ORDERED, this _____ day of _____, _____.

Presiding Judge
Fulton County _____ Court

*The duration of this Order terminates upon issuance of a Final Order in the case or a dismissal of the action.