

SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____,
Plaintiff,
vs.
_____,
Defendant.

Civil Action

Case Number _____

AFFIDAVIT OF INDIGENCE

I, _____, swear or affirm that I am indigent and because of my indigent status am unable to pay the costs of this proceeding.

Party Proceeding in Forma Pauperis

Sworn to and subscribed

before me this _____ day

of _____, 20__.

NOTARY PUBLIC

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

_____, Plaintiff, vs. _____, Defendant.	Civil Action Case Number _____
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**AFFIDAVIT OF ELIGIBILITY TO PROCEED
IN FORMA PAUPERIS**

I, _____, swear or affirm that I am the Plaintiff
 Defendant (*select one*) 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 this proceeding in this action are true.

Sworn to and subscribed

before me this _____ day

of _____, 20____.

Party Proceeding in Forma Pauperis
(Sign here before notary.)

NOTARY PUBLIC

C. PUBLIC ASSISTANCE

Do you currently receive either Temporary Assistance to Needy Families (TANF) 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 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>Wages per Month</u>
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Per Month Total \$ _____

2. Do you have any other regular income?

Yes **No**

____ ____

If yes, list on next page. Include all salary or wages and social security benefits that are not listed above plus all workers compensation, pensions 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>Amount per Month</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
	TOTAL \$ _____	

E. ASSETS

- 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 _____

- Do you own a car, truck, van, or other motor vehicle?

Yes **No** If yes, list below:

<u>Description</u>	<u>Approximate Value</u> (less amount owed if financed)
_____	_____
_____	_____
_____	_____

TOTAL VALUE \$ _____

3. Do you own a home or other real estate?

Yes No If yes, list below:

<u>Description</u>	<u>Value</u>	<u>Amount Owed (Mortgage)</u>
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TOTAL \$ _____

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 and describe:

<u>Description</u>	<u>Value</u>
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TOTAL \$ _____

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>Payments per Month</u>
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TOTAL \$ _____

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 render 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).

IN THE SUPERIOR COURT OF GWINNETT COUNTY
STATE OF GEORGIA

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ORDER

The Plaintiff Defendant (*select one*) in the above-style matter having filed a pauper's affidavit, and after considering the documents relative to the financial situation of the Plaintiff Defendant (*select one*), it is the finding of the Court that the Plaintiff Defendant (*select one*) is indigent to the extent that he should be allowed to proceed *in forma pauperis*.

SO ORDERED, this _____ day of _____, 20____.

JUDGE
SUPERIOR COURT OF GWINNETT COUNTY