

**IN THE SUPERIOR COURT OF MCDUFFIE COUNTY
STATE OF GEORGIA**

	)	
	)	
Plaintiff	)	Civil Action
	)	File No. _____
v.	)	
	)	
	)	
Defendant	)	

AFFIDAVIT OF POVERTY

My name is, _____, I am the ☐ Plaintiff ☐ Defendant in this 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. I am presently _____ years of age and reside at _____

3. My household consists of _____ number of people. I have _____ dependents.
4. My income comes from the following sources: *[Check all that apply]*
☐ Earnings from my job ☐ Other work ☐ Social Security or SSI ☐ VA benefits
☐ Unemployment benefits ☐ Disability Insurance or Worker's Compensation
☐ Pension or Retirement Benefits ☐ Alimony ☐ Child Support
☐ Help from family or friends
5. My average gross income (before taxes) is \$ _____ per month; my net income (after taxes) is \$ _____ per month. Proof of Income, such last two pay stubs/unemployment check/other proof of income source is attached.
6. In addition to my own income, my other family members living with me have a total income of \$ _____ per month.

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

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

☐ I am current on my rent or mortgage payments. ☐ I am _____ months in arrears.

9. That I pay the following bills each month:

Name of Bill	Amount

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

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

12. I have the following special financial circumstances:

☐ I do not have any income of any kind, and I am paying my expenses in the following way:

☐ I have a bankruptcy going on or just recently completed. The court case number for my bankruptcy is: _____.

☐ Other (explain): _____

I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

Dated: _____

☐ Plaintiff ☐ Defendant (Signature)

Name: _____

Address: _____

Phone: _____

Email: _____

NOTARY PUBLIC

Sworn and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires _____.