

DEKALB COUNTY SUPERIOR COURT
STATE OF GEORGIA

_____		Civil Action
Plaintiff,		
vs.		Case Number _____

Defendant.		

AFFIDAVIT OF POVERTY

I am the Plaintiff Defendant in this case. I am filing this *Affidavit of Poverty* under OCGA § 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.

In addition to my own income, my other family members living with me have a total income of \$_____ 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 these:] 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: _____
_____.

8.

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): _____

_____.

 Plaintiff Defendant (Check & sign here)

Subscribed and sworn before me on _____, 20____.

Notary Public

pro se Affid of Poverty Rev App'd 8-2010.wpd