

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Petitioner,

Civil Action

vs.

Case Number _____

_____,
Respondent.

AFFIDAVIT OF POVERTY

I am the _____ Petitioner _____ Respondent in this case. I am filing this Affidavit of Poverty under OGCA § 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 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.

3.

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

4.

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

5.

I support the following dependents who live with me: _____

In addition, I pay \$ _____ per month in support to other family members who do not live with me.

6.

I have the following special financial circumstances:

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

Other (explain): _____

Petitioner Respondent (*Check and sign here*)

Subscribed and sworn before me
on _____, 20____.

Notary Public