

In the Superior Court of _____ County, Georgia
State of Georgia

_____, Plaintiff §
vs. § Civil Action File No. _____
_____, Defendant §
§

AFFIDAVIT AND MOTION TO PROCEED IN FORMA PAUPERIS

I, _____, the undersigned, having been duly sworn, hereby states as follows:

That I am the plaintiff in the above and foregoing case and thereby responsible for payment of fees and court costs.

I am presently _____ years of age, that because of my indigence I am unable to pay any deposit, fee, or other costs which are normally required in the court and request that I be relieved of such responsibility.

If I am required to pay the costs of this case I will not be able to prosecute my case due to lack of funds.

I believe and state that I have a meritorious claim and desire to proceed in forma pauperis.

I submit the following financial information as required by the Court in support of my request.

1. Names, years of birth, and ages of affiant's children:

Name	Year of Birth	Age

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A)	\$ _____
(b) Net monthly income (from item 3B)	_____
(c) Average monthly expenses (item 5A)	\$ _____
Monthly payments to creditors	+ _____
Total monthly expenses and payments to creditors (item 5C)	\$ _____

(3A) AFFIANT'S GROSS MONTHLY INCOME

(All income must be entered based on monthly average regardless of date of receipt)

Salary - WAGES \$ _____
ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

Commissions, Fees, Tips \$ _____

Income from self-employment, partnership, close corporations,
and independent contracts (gross receipts minus ordinary
and necessary expenses required to produce income) \$ _____

Rental Income (gross receipts minus ordinary and
necessary expenses required to produce income) \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgments from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and maintenance from persons not in this case \$ _____

Assets which are used for support of family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any other income (do NOT include means-tested
Public assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME **\$ _____**

(3B) Affiant's Net Monthly Income from employment
 (deducting only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	<u>Basis of the Claim</u>
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
Automobiles/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed	\$ _____	_____	_____	_____
Vehicle 2:	\$ _____	_____	_____	_____
debt owed	\$ _____	_____	_____	_____

Life Insurance
(net cash value): \$ _____

Furniture/furnishings: \$ _____

Jewelry: \$ _____

Collectibles: \$ _____

Other Assets: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

(5A) AVERAGE MONTHLY EXPENSES

\$ _____

HOUSEHOLD

Mortgage or rent payments \$ _____ Cable TV \$ _____

Property taxes \$ _____ Misc. household and grocery
Items \$ _____

Homeowner/Renter Insurance \$ _____ Meals outside the home \$ _____

Electricity \$ _____ Other \$ _____

Water \$ _____

Garbage and Sewer \$ _____

Telephone:
residential line: \$ _____

cellular telephone: \$ _____

Gas \$ _____

Repairs and maintenance: \$ _____

Lawn Care \$ _____

Pest Control \$ _____

AUTOMOBILE

Gasoline \$ _____

Auto Repairs \$ _____

Auto tags and license \$ _____

Insurance \$ _____

**OTHER VEHICLES
(boats, trailers, RVs, etc.)**

Gasoline and oil \$ _____

Repairs \$ _____

Tags and license \$ _____

Insurance \$ _____

CHILDREN'S EXPENSES

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons (e.g., music, dance) \$ _____

School supplies/expenses \$ _____

Lunch Money \$ _____

Other Educational Expenses (list)

_____ \$ _____

_____ \$ _____

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Grooming, hygiene \$ _____

Gifts from children to others \$ _____

Entertainment \$ _____

Activities (including extra-curricular, school, religious, cultural, etc.) \$ _____

Summer Camps \$ _____

OTHER INSURANCE

Health \$ _____

 Child(ren)'s portion: _____

Dental \$ _____

 Child(ren)'s portion: _____

Vision \$ _____

 Child(ren)'s portion: _____

Life \$ _____

 Relationship of Beneficiary: _____

Disability \$ _____

Other (specify): \$ _____

AFFIANT'S OTHER EXPENSES

Dry cleaning/laundry \$ _____

Clothing \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Affiant's gifts (special holidays) \$ _____

Entertainment \$ _____

Recreational Expenses (e.g., fitness) \$ _____

Vacations \$ _____

Travel Expenses for Visitation \$ _____

Publications \$ _____

Dues, clubs \$ _____

Religious and charities \$ _____

Pet expenses \$ _____

Alimony paid to former spouse \$ _____

Child support paid for other children \$ _____

Other (attach sheet) \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

To Whom:	Balance Due	Monthly Payment

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

(5C) TOTAL MONTHLY EXPENSES: \$ _____

Signature

SWORN TO and SUBSCRIBED BEFORE ME,

this ____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____