

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_, Petitioner,  
v.  
\_\_\_\_\_, Respondent.

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Civil Action Case Number:  
\_\_\_\_\_

**AFFIDAVIT OF POVERTY**

Personally appeared before the undersigned notary (or other person authorized to administer oaths), \_\_\_\_\_, who being put on oath stated that he is unable to pay costs due to his poverty, and requests that he be permitted to proceed without payment of costs.

In support of this application, the following information is submitted:

**A. GROSS MONTHLY INCOME<sup>1</sup>**

Salary or wages<sup>2</sup> \$ \_\_\_\_\_

Business income from sources such as self employment, partnerships, etc. \$ \_\_\_\_\_

Federal/state/local retirement or disability benefits including Social Security, workers' compensation, unemployment compensation, annuities \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

**GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**B. ASSETS**

Cash assets, including bank accounts, money market accounts \$ \_\_\_\_\_

Stocks, bonds, other investments \$ \_\_\_\_\_

Real property (equity value: fair market value less mortgages) \$ \_\_\_\_\_

Jewelry, collectible items, all personal property other than clothing and home furnishings \$ \_\_\_\_\_

Vehicles, including campers, recreational vehicles \$ \_\_\_\_\_

<sup>1</sup> All income must be entered based on monthly average, regardless of date of receipt.

<sup>2</sup> Based on past 12-month average or time of employment, if less than 1 year.

Other assets (specify): \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**C. AVERAGE MONTHLY EXPENSES**

Rent or mortgage payment \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Home gas service \$ \_\_\_\_\_

Other utility (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle payment \$ \_\_\_\_\_

Vehicle insurance \$ \_\_\_\_\_

Health insurance \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical expenses not covered by insurance \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

TOTALEXPENSES \$ \_\_\_\_\_

I UNDERSTAND THAT THIS AFFIDAVIT IS BEING SUBMITTED UNDER PENALTY OF PERJURY.

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Affiant  
Petitioner, Self-represented

Petitioner's name (print or type): \_\_\_\_\_

Petitioner's Address: \_\_\_\_\_

Petitioner's Telephone Number: \_\_\_\_\_

Petitioner's E-mail Address: \_\_\_\_\_

Sworn to and signed before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires \_\_\_\_\_

