

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

Plaintiff

PAUPER'S AFFIDAVIT

vs.

NO. _____

Defendant

PAUPER'S AFFIDAVIT

I, _____, personally appeared before the undersigned officer duly authorized to administer oaths in the State of Georgia, and having been sworn, state the following:

1.

Affiant is a United States citizen above the ages of eighteen (18) years, under no legal disability, and has personal knowledge sufficient to make this affidavit in connection with the above-styled action.

2.

Affiant is the Plaintiff in the above-styled action of the following nature: _____ on account of indigency, affiant swears or affirms that she/he is unable to pay the court costs of this action required by law and make this affidavit so that she/he may be relieved from paying costs as a prerequisite for obtaining relief pursuant O.C.G.A. § 9-15-2.

3.

Affiant provides the Court with the following information:

a.

Name: _____ Telephone No.: _____
Mailing Address: _____
Birth Date: _____ Age: _____
Highest Grade In School Completed: _____

b.

Present Employer: _____
Employer's Address: _____

Telephone No.: _____
If paid hourly, the rate: _____
Gross Pay: _____

Pauper's Affidavit

Provided by the Fayette County Court

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Net Pay (Gross Pay minus State, Federal and Social Security Taxes) (Choose a pay schedule below):

- a. Weekly: _____
- b. Biweekly: _____
- c. Bimonthly: _____
- d. Monthly: _____

Other Income (including child support, welfare, social security, etc.) (Choose a pay schedule below):

- a. Weekly: _____
- b. Biweekly: _____
- c. Bimonthly: _____
- d. Monthly: _____

c.

If unemployed, how long? _____

Last Employer: _____

Last Employer's Address: _____

Last Employer's Telephone No.: _____

List all other sources of income such as unemployment compensation, welfare or disability income and the amounts received (Choose a pay schedule below).

- a. Weekly: _____
- b. Biweekly: _____
- c. Bimonthly: _____
- d. Monthly: _____

d.

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Is your spouse employed? _____

Employer: _____

Employer's Address: _____

Employer's Telephone No.: _____

Spouse's net income: _____

e.

Number of children living in the home: _____

Ages of those children: _____

Other dependents (not including spouse or children) in home:

<u>Name</u>	<u>Relationship</u>	<u>Contribution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f.

Motor Vehicle Owned or Financed: _____
Year, Make, and Model: _____
Outstanding Indebtedness: _____

Real Estate Owned or Financed: _____
Market Value: _____
Outstanding Indebtedness: _____
Amount of House Payment or Rent Monthly: _____

List Checking, Savings or Money Market Accounts:

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>

List all indebtedness:

<u>Creditor</u>	<u>Account No.</u>	<u>Balance</u>	<u>Payment</u>

List any extraordinary living expenses and amount (such as regularly occurring Medical expenses):

4.

Affiant states that (Choose one of the following):

- a. She/he represents her/himself in this action;
- b. She/he is represented by counsel and counsel has not yet been paid;
- c. She/he is represented by counsel at no expense.

5.

The undersigned affiant swears the information given herein is true and correct and understands that a false answer to any item may result in prosecution for a felony and/or contempt of Court.

FURTHER SAITH THE AFFIANT NOT.

The _____ day of _____, 20_____

(Affiant's Signature)

Sworn to and subscribed before me this _____ day
of _____, 20_____

Notary Public

My Commission Expires _____