

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.

(3A) AFFIANT'S GROSS MONTHLY INCOME

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

Salary - WAGES <u>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</u>	\$ _____
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	\$ _____

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 \$ _____ **AUTOMOBILE**

Garbage and Sewer \$ _____ Gasoline \$ _____

Telephone: Auto Repairs \$ _____

residential line: \$ _____ Auto tags and license \$ _____

cellular telephone: \$ _____ Insurance \$ _____

Gas \$ _____ **OTHER VEHICLES**

(boats, trailers, RVs, etc.)
Gasoline and oil \$ _____

Repairs and maintenance: \$ _____ Repairs \$ _____

Lawn Care \$ _____ Tags and license \$ _____

Pest Control \$ _____ Insurance \$ _____

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: _____

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,

Petitioner

v.

_____,

Respondent

§
§
§
§
§
§
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§
§

Civil Action File No. _____

FORMA PAUPERIS ORDER

This Court, having considered the Petitioner's Request to Proceed in Forma is hereby:

- DENIED this request
- GRANTED this request, finding the fact that Petitioner has no income.

SO ORDERED, this ____ day of _____, 20 ____.

SUPERIOR COURT JUDGE
ALAPAHA JUDICIAL CIRCUIT