In the Superior Court of _____ County, Georgia

State of Georgia

_____, Plaintiff	§	
	§	Civil Action File No. _____
vs.	§	
_____, 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**	**Basis of the Claim**
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	$ _____	**AUTOMOBILE**	
Garbage and Sewer	$ _____	Gasoline	$ _____
Telephone:		Auto Repairs	$ _____
residential line:	$ _____	Auto tags and license	$ _____
cellular telephone:	$ _____	Insurance	$ _____
Gas	$ _____	**OTHER VEHICLES (boats, trailers, RVs, etc.)**	
Repairs and maintenance:	$ _____	Gasoline and oil	$_____
Lawn Care	$ _____	Repairs	$_____
Pest Control	$ _____	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: _____