

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

	)	
_____	)	
Plaintiff	)	Civil Action
	)	File No. _____
v.	)	
	)	
_____	)	
Defendant	)	

**AFFIDAVIT OF POVERTY**

My name is, \_\_\_\_\_, I am the ☐ Plaintiff ☐ Defendant in this case. I am filing this *Affidavit of Poverty* under O.C.G.A. § 9-15-2, to ask that I be relieved from paying the court costs.

I hereby swear or affirm, before a notary public, that the following information is true:

1. Because I am indigent, I am unable to pay the filing fee, service fee, and other costs which are normally required in the court.
2. I am presently \_\_\_\_\_ years of age and reside at \_\_\_\_\_  
\_\_\_\_\_
3. My household consists of \_\_\_\_\_ number of people. I have \_\_\_\_\_ dependents.
4. My income comes from the following sources: *[Check all that apply]*  
☐ Earnings from my job      ☐ Other work      ☐ Social Security or SSI      ☐ VA benefits  
☐ Unemployment benefits      ☐ Disability Insurance or Worker's Compensation  
☐ Pension or Retirement Benefits      ☐ Alimony      ☐ Child Support  
☐ Help from family or friends
5. My average gross income (before taxes) is \$ \_\_\_\_\_ per month; my net income (after taxes) is \$ \_\_\_\_\_ per month. Proof of Income, such last two pay stubs/unemployment check/other proof of income source is attached.
6. In addition to my own income, my other family members living with me have a total income of \$ \_\_\_\_\_ per month.

7. I have \$ \_\_\_\_\_ in my savings account(s), and \$ \_\_\_\_\_ in my checking account(s).

8. The amount of my rent or mortgage payment is \$ \_\_\_\_\_ per month.

☐ I am current on my rent or mortgage payments. ☐ I am \_\_\_\_\_ months in arrears.

9. That I pay the following bills each month:

Name of Bill	Amount

10. I pay \$ \_\_\_\_\_ per month in child support, alimony or other support to other family members who do not live with me.

11. I support the following dependents who live with me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. I have the following special financial circumstances:

☐ I do not have any income of any kind, and I am paying my expenses in the following way:

☐ I have a bankruptcy going on or just recently completed. The court case number for my bankruptcy is: \_\_\_\_\_.

☐ Other (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

Dated: \_\_\_\_\_

\_\_\_\_\_  
☐ Plaintiff   ☐ Defendant   *(Signature)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTARY PUBLIC**

Sworn and subscribed before me

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

\_\_\_\_\_  
Notary Public, State of Georgia

My Commission Expires \_\_\_\_\_.