IMPORTANT NOTE ABOUT THIS FORM

Complete all of your financial information on this form if you are asking to have the filing and service costs waived in your case. A judge will make a decision concerning your application and a clerk will inform you whether or not you have been granted indigent status.

HELPFUL HINTS:
“Plaintiff”: The first and last name of the person who is filing this action
“Defendant”: The other party’s first and last name
“Case Number”: Leave this field blank if you are preparing to file a new case.

MAGISTRATE COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA

_____
PLAINTIFF

VS. CASE# _____

_____
DEFENDANT

AFFIDAVIT OF INDIGENCE

My name is _____. I swear or affirm that I am indigent and because of my indigent status am unable to pay the costs of this proceeding. I further state I am filing this affidavit as the ❑ plaintiff ❑ defendant.

_____
Party Proceeding in Forma Pauperis
(Sign here before notary or a court clerk)

Sworn to and subscribed before me:

This _____ day of _____, 20____.

_____
Notary Public/ Deputy Clerk/ Clerk

_____
Notary Expiration

MAGISTRATE COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA

_____
PLAINTIFF

VS. CASE# _____

_____
DEFENDANT

AFFIDAVIT OF ELIGIBILITY TO PROCEED IN FORMA PAUPERIS (INDIGENCY)

I, _____, swear or affirm that I am the ❑ Plaintiff ❑ Defendant in the above-styled case and that because of my indigent status, I am unable to pay the costs of this proceeding. I further swear that the responses which I have made to questions and instructions on this statement relating to my ability to pay the cost of this proceeding in this action are true.

_____
Party Proceeding in Forma Pauperis (Indigency)
(Sign here before notary or a court clerk)

Sworn to and subscribed before me:

This _____ day of _____, 20____.

_____
Notary Public/ Deputy Clerk/ Clerk

A. IDENTIFYING INFORMATION:

Name: _____

Physical Address: _____

Mailing Address: _____

_____

City State Zip Code

Cell Phone: _____ Alternate Phone# _____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated

B. DEPENDENTS/ DEPENDENCY

1. How many people (not including yourself) do you support? _____(List Below)

Name	**Age**	**Relationship**	**Support Totally? (Y/N)**

2. Is there any person (parents, husband, etc.) who is under a legal duty to support you? ❑ Yes ❑ No

If yes, give the name of this person and explain:

_____

_____

_____

C. PUBLIC ASSISTANCE

Please check any and all of the following public benefits you receive:

Benefit Type:	**Amount:**
❑ TANF	$_____
❑ Supplemental Security Income (SSI)	$_____
❑ Medicaid	$_____ (Month and Year Issued)
❑ Other: _____	$_____

NOTE: The court may wish to verify the information you have given. Although the court will keep this information confidential, by completing this questions you authorize the release of information from the Social Security Administration and/or the Department of Family and Children Services.

D. MONTHLY INCOME

Do you have a job or multiple jobs? ❑ Yes (list the name and phone number(s) of employer(s) below: ❑ No

Employer	**Phone**	**Monthly Wages (before taxes)**
_____	_____	$ _____
_____	_____	$ _____
	Monthly Total:	$ _____

Do you have any other regular income?

❑ Yes ❑ No

If yes, list below. Include all salary or wages that are not listed above plus all social security benefits, workers compensation, pensions, payments, insurance benefits, alimony or child support payments, disability payments, unemployment payments, and any other income that you receive on a regular basis.

Type of Income/ Source	**Amount Per Month**
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	$ _____

E. ASSETS

How much cash do you currently have available to you, including your checking and savings account?

Name of Financial Institution	**Amount**
_____	$ _____
_____	$ _____

Amount of cash NOT in an account: $ _____

Do you own a car, truck, van or other motor vehicle? ❑ Yes (list below) ❑ No

Description	**Approximate Value (less amount owed if financed)**
_____	$ _____
_____	$ _____
TOTAL VALUE	$ _____

Do you own a home or other real estate? ❑ Yes (list below) ❑ No

Description	Value	Amount Owed (mortgage)
_____	$ _____	$ _____
_____	$ _____	$ _____

Do you own any valuable items of personal property? Such as TV sets, stereos, stocks or bonds, jewelry, furs, or other items? (Do not include clothing, furniture, or household appliances such as stoves or refrigerators.)

❑ Yes (list below) ❑ No

Description	**Value**
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	$ _____

F. LIABILITIES

List all debts owed over $100 and all payments which you must make on a regular basis below. Include house payments, rent, child support or alimony payments, charge account (credit cards) payments, loan payments, and any other payments which you must make on a regular basis. Do not include ordinary expenses such as food, clothing, utility bills and similar items.

Source of Debt	Account Balance	Monthly Payment
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
	TOTAL	$ _____

Do you have any unusual or extraordinary expenses or circumstances such as large medical bill which are not covered above?

❑ Yes (list below) ❑ No

_____

_____

_____

_____

Are there any other circumstances which render you unable to pay the costs of this action and are not fully explained above (e.g., disability, illness, etc.)

❑ Yes (list below) ❑ No

_____

_____

_____

_____