

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

Petitioner/Plaintiff

v.

Respondent/Defendant.

Civil Action No: _____

AFFIDAVIT OF ELIGIBILITY TO PROCEED IN FORMA PAUPERIS

I am the Petitioner/Plaintiff in this case. I am filing this Affidavit of Poverty under OCGA § 9-15-2, to request that I be relieved from paying the court costs. I hereby swear or affirm, before a notary public, that the following statement is true:

I, _____, swear or affirm that I am the plaintiff in the above-styled case, and that due to my indigent status, I am unable to pay the costs of filing this proceeding. I further swear that the responses which I have made to questions on the attached financial statement regarding my ability to pay the costs of this proceeding in this action are true.

This _____ day of _____, 2023.

Petitioner/Plaintiff

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

Notary Public

Approved Denied

**Judge of Superior Court
Brunswick Judicial Circuit**

IN THE SUPERIOR COURT OF GLYNN COUNTY
STATE OF GEORGIA

_____,) Civil Action No: _____
Petitioner/Plaintiff,)
)
v.)
)
_____,)
Respondent/Defendant.)

PAUPER'S AFFIDAVIT

I am the Plaintiff/Petitioner in this matter. I am submitting this Pauper's Affidavit to request that my court filing fees and costs be waived. I understand that the information provided within will be used by the Court to determine my eligibility to proceed without paying fees or costs.

IDENTIFYING INFORMATION

Name: _____
Address: _____
Phone: _____ Year of Birth: _____

DEPENDENTS

1. How many people, not including yourself, do you financially support? _____

List any dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

1. What is your monthly household income (the combined monthly income of each adult in your household)? _____
2. Are you employed? Yes No
3. What is the source of your income if you are not employed _____
4. What is your net monthly income (income after taxes): _____

ASSETS

1. How much money do you currently have on hand, including your checking and savings accounts?

2. Do you own a motor vehicle ? Yes No
3. Do you own a home or other real estate? Yes No
If yes, please list property and value: _____

EXPENSES

1. List the amount of bills you pay each month:
Rent/Mortgage \$ _____ Child Support \$ _____ Utilities \$ _____
Medical Bills \$ _____ Alimony \$ _____
Car Payment \$ _____ Child Care \$ _____
Insurance \$ _____ Groceries \$ _____
2. Do you have a pending bankruptcy action pending against you?
3. List any other special financial circumstances: _____

I, _____, do swear or affirm under penalty of law that the statements contained in this Affidavit are true. I further attest that I am the Plaintiff/Petitioner in this action and that I personally provided the contents of this Pauper's Affidavit.

Signature of Affiant
(Please sign before a Notary)

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

Notary Public
My commission Expires _____.