State of Alabama **Unified Judicial System**

Form C-10-CIVIL

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

(Request to Waive Filing Fees)

Court Case Number

Page 1 of 3 Rev. 9/2019 COUNTY, ALABAMA IN THE _____ _____ COURT OF____ (Circuit or District) (Name of County) STYLE OF CASE: ____ (Plaintiff(s)) (Defendant(s)) I, because of financial hardship, am unable to pay the fees and costs in this case. I request that payment of these fees and costs be waived initially and taxed as costs at the conclusion of the case. **AFFIDAVIT** 1. IDENTIFICATION _____ Date of Birth _____ Full Name Spouse's Full Name (if married) Complete Home Address _____ Total Number of People I am Supporting Financially in Household Including Myself ___ Telephone Number (Cell) _____ (Home) _____ (Other) _____ State & Last 4 Digits of Driver License's Number _____ Last 4 Digits of Social Security Number _____ Employer's Name & Address _____ Employer's Telephone Number ____ **ASSISTANCE BENEFITS** Some of the residents in my household or I receive benefits from any of the following sources (check those which Temporary Assistance for Needy Families (TANF) Food Stamps Medicaid Social Security Income (SSI) Disability Other:_
The monthly value of these benefits combined is \$______ Other:____ INCOME/EXPENSE STATEMENT Monthly Gross Income: My monthly gross income is My spouse's monthly gross income (unless a marital offense) is My other monthly earnings (commissions, bonuses, interest income, etc.) are The combined monthly income received by other members of my household is Monthly Unemployment / Worker's Compensation, Social Security, Retirements, etc. Child Support Payment(s)/Alimony Received Other Monthly Income (be specific): _ 3a. TOTAL MONTHLY GROSS INCOME The Monthly Expenses I pay are: Rent/Mortgage Total Utilities: Gas, Electricity, Water, etc. Food Clothing Health Care/Medical Insurance Car Payment(s)/Transportation Expenses Loan Payment(s) Credit Card Payment(s) Educational/Employment Expenses Cell Phone Expenses Other Expenses (be specific): 3b. Subtotal 3c. Child Support Payment(s)/Alimony (Subtotal) 3d. Exceptional Expenses (Subtotal) 3e.TOTAL MONTHLY EXPENSES (Add totals from 3b., 3c., & 3d. monthly only)

Total Monthly Gross Income (3a.) Minus Total Monthly Expenses (3e.)

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4.	Assets My assets are as follows: Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)	\$
	Equity in Real Estate (value of properly less what you owe) Equity in Personal Property, etc. (such as the value of motor	\$
	vehicles, stereo, TV, electronics, furnishing, jewelry, tools, guns, less what you owe)	\$
	Other (be specific): Do you own anything else of value? Yes No	\$
	Do you own anything else of value? Yes No (land, house, boat, TV, stereo, jewelry)	
	If so, describe:	\$
	Total Assets	\$
5.	Affidavit/Request	
	I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel, in addition to all or part of the costs associated with this case.	
	Sworn to and subscribed before me this	
	day of,	(Affiant's Signature)
	(Judge/Clerk/Notary)	(Print or Type Name)