

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____)
Petitioner)
and)
_____)
Respondent)

CIVIL ACTION NO. _____

POVERTY AFFIDAVIT

Comes now, _____, the Petitioner in the above styled _____

(name of petition), being first duly sworn, deposes and says:

1. That I, by reason of my poverty, am unable to pay the cost required by O.C.G.A. Section 15-6-77 to file a civil case in the courts of _____ County.
2. That I am _____ years of age, and my monthly household income is _____.
A copy of my last two pay stubs/unemployment checks is attached.
3. That I live at _____, and pay _____ per month as rent.
4. My household consists of _____ number of people.
5. That I pay the following bills each month:

Name of Bill:	Amount of Bill:
_____	_____
_____	_____
_____	_____
6. That I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

This ___ day of _____, _____.

(sign your name here in front of the Notary or Judge)

Address: _____

Phone Number: _____

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

My Commission expires _____.

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

VS. _____

CIVIL ACTION NO. _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: _____ Age _____
Spouse's Name: _____ Age _____
Date of Marriage: _____ Date of Separation _____

Names and birth dates of children for whom support is to be determined in this action:

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and birth dates of affiant's other children:

Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \$ _____

3. A. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A)
(All income must be entered based on monthly average regardless of date of receipt.)

Salary or 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) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$ _____
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS	\$ _____
Bonuses	\$ _____
Overtime Payments	\$ _____
Severance Pay	\$ _____
Recurring Income from Pensions or Retirement Plans	\$ _____
Interest and Dividends	\$ _____
Trust Income	\$ _____
Income from Annuities	\$ _____
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	\$ _____

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

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

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:	\$ _____	_____	_____	_____

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Home/residence:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Other property:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Automobiles/Trucks:				
Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Vehicle 2:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Vehicle 3:	\$ _____	_____	_____	_____
debt owed:				
Life Insurance (net cash value):	\$ _____	_____	_____	_____
Furniture/furnishings :	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

Mortgage or rent payments	\$ _____	Security Alarm	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ _____
Homeowner/Renter Insurance	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	AUTOMOBILE	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____
Telephone: residential line: Includes Cable & Internet	\$ _____	Repairs	\$ _____
cellular telephone:	\$ _____	Auto tags and license	\$ _____
		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		AFFIANT'S OTHER EXPENSES	
Child care (total monthly cost)	\$ _____	Dry cleaning/laundry	\$ _____
School tuition	\$ _____	Clothing	\$ _____
Tutoring	\$ _____	Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____
Private lessons (e.g., music, dance)	\$ _____	Affiant's gifts (special holidays)	\$ _____
School supplies/expenses	\$ _____	Entertainment	\$ _____
Lunch Money	\$ _____	Recreational Expenses (e.g., fitness)	\$ _____

Other Educational Expenses (list)		Vacations	\$ _____
_____	\$ _____	Travel Expenses for Visitation	\$ _____
_____	\$ _____	Publications	\$ _____
Allowance	\$ _____	Dues, clubs	\$ _____
Clothing	\$ _____	Religious and charities	\$ _____
Diapers	\$ _____	Pet expenses	\$ _____
Medical, dental, prescription (out of pocket/uncovered expenses)	\$ _____	Alimony paid to former spouse	\$ _____
Grooming, hygiene	\$ _____	Child support paid for other children	\$ _____
Gifts from children to others	\$ _____	Date of initial order:	
Entertainment	\$ _____	Other (attach sheet)	\$ _____
Activities (including extra-curricular, school, religious, cultural, etc.)	\$ _____		
Summer Camps	\$ _____		
INSURANCE PREMIUMS:			
Health	\$ _____		
Dental	\$ _____		
Vision	\$ _____		
Life Insurance	\$ _____		
Name of Beneficiary:	_____		
Disability Insurance	\$ _____		
Other(specify):	\$ _____		

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS			(please check one)		
To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES and PAYMENTS TO CREDITORS: \$ _____

Personally appeared before me, an officer authorized to administer oaths, the undersigned affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant

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

Notary Public

My commission expires: _____