

IN THE SUPERIOR COURT OF FLOYD COUNTY
STATE OF GEORGIA

Plaintiff,
v.

Civil Action
File No.: _____

Defendant.

**AFFIDAVIT OF ELIGIBILITY TO PROCEED
IN FORMA PAUPERIS**

I, ☐ Plaintiff ☐ Defendant, 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.

Sworn to and subscribed

before me this _____ day

of _____, 20__.

Party Proceeding in Forma Pauperis
(Sign here before notary.)

NOTARY PUBLIC

A. IDENTIFYING INFORMATION

1. Name: _____
2. Address: _____
3. _____
City, State ZIP
4. Phone: _____ Alternate phone: _____
5. Marital Status _____

B. DEPENDENTS/DEPENDENCY

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

List Below:

Name	Age	Relationship	Support Totally? (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Dependence

Is there any person (parents, husband) 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
<input type="checkbox"/> TANF	_____
<input type="checkbox"/> Supplemental Security Income (SSI)	_____
<input type="checkbox"/> Medicaid	Month and Year Issued: _____

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

D. MONTHLY INCOME

1. Do you have a job or jobs?
- ☐ **Yes:** name and phone number(s) of employer(s) is/are listed below.
- ☐ **No**

Employer	Phone	Monthly wages (before taxes)
_____	_____	_____
_____	_____	_____
Per Month Total \$		_____

2. 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
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

TOTAL \$ _____

E. ASSETS

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

Name of Financial Institution	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Amount of cash not in an account \$ _____

2. Do you own a car, truck, van, or other motor vehicle?

☐ **Yes** If yes, list below:

☐ **No**

Description	Approximate Value (less amount owed if financed)
_____	\$ _____
_____	\$ _____

TOTAL VALUE \$ _____

3. Do you own a home or other real estate?

☐ **Yes:** listed below.

☐ **No**

Description	Value	Amount Owed (Mortgage)
_____	_____	_____
_____	_____	_____
TOTAL \$	_____	

4. 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:** listed and described below.

☐ **No**

Description	Value
_____	_____
_____	_____
_____	_____
TOTAL \$	_____

F. LIABILITIES

1. 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 payments, loan payments, and any other payment 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 \$ _____

2. Do you have any unusual or extraordinary expenses or circumstances such as large medical bills which are not listed above?

☐ **Yes** : explained below.

☐ **No**

3. 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**

☐ **No**

If yes, use the space below to explain your circumstances. Include any facts which will help the court to determine whether you can afford to pay the required fee(s).

IN THE SUPERIOR COURT OF FLOYD COUNTY
STATE OF GEORGIA

Plaintiff,
v.

Civil Action
File No.: _____

Defendant.

ORDER

The ☐ Plaintiff ☐ Defendant in the above-style matter having filed a pauper's affidavit, and after considering the documents relative to the financial situation of the ☐ Plaintiff ☐ Defendant, it is the finding of the Court that the ☐ Plaintiff ☐ Defendant is indigent to the extent that he should be allowed to proceed *in forma pauperis*.

SO ORDERED, this ____ day of _____, 20__.

JUDGE
SUPERIOR COURT OF FLOYD COUNTY