

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

_____)	
)	
Plaintiff,)	
)	
v.)	CIVIL ACTION
)	FILE NO. _____
)	
_____)	
)	
Defendant(s).)	
)	

AFFIDAVIT OF ELIGIBILITY TO PROCEED IN FORMA PAUPERIS

I, _____, do hereby 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 declare under penalty of perjury that the responses I have made to all questions set forth in this Affidavit, specifically relating to my ability to pay the costs of this proceeding, are true and correct.

This ____ day of _____, 20____.

Signature

Print name: _____

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

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

Notary Public

Deputy Clerk of Superior Court

AFFIDAVIT, Page 2

A. IDENTIFYING INFORMATION

1. Name: _____
Last First Middle

2. Current Address: _____
Street Address & Apt. No., if applicable

City State Zip Code

3. Best Telephone Number to Reach You: _____

4. Email Address: _____

B. DEPENDENTS/DEPENDENCY

1. Marital Status: [] Married [] Single [] Divorced/Separated.

2. Is there any other person (spouse) or people (parents) who currently support you financially? [] Yes [] No.

If yes, explain: _____

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

List Below:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Support Totally?</u>
_____			[] Yes [] No
_____			[] Yes [] No
_____			[] Yes [] No
_____			[] Yes [] No
_____			[] Yes [] No

C. PUBLIC ASSISTANCE

Do you currently receive any of the following?

Aid to Families of Dependent Children (AFDC) [] Yes [] No

Amount Received per Month: \$ _____

Social Security Income (SSI) [] Yes [] No

Amount Received per Month: \$ _____

AFFIDAVIT, Page 3

Social Security Disability Income (SSDI) [] Yes [] No

Amount Received per Month: \$ _____

Temporary Assistance to Needy Families (TANF) [] Yes [] No

Amount Received per Month: \$ _____

Supplemental Nutrition Assistance Program (SNAP) [] Yes [] No

Amount Received per Month: \$ _____

Unemployment Benefits [] Yes [] No

Amount Received per Month: \$ _____

Medicaid [] Yes [] No

Amount Received per Month: \$ _____

Public Housing Assistance [] Yes [] No

Amount Received per Month: \$ _____

Do you receive any other kind of public assistance? [] Yes [] No

Amount Received per Month: \$ _____

TOTAL AMOUNT OF PUBLIC ASSISTANCE RECEIVED PER MONTH, IF ANY:

\$ _____

D. MONTHLY INCOME

1. Are you currently employed? [] Yes [] No

If yes, please list name(s) and phone number(s) of your employer(s), as well as monthly income/wages.

<u>Employer Name</u>	<u>Phone</u>	<u>Amount Paid per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT OF INCOME RECEIVED PER MONTH, IF ANY: \$ _____

2. Do you receive any income from *any other source*? [] Yes [] No

If yes, please list all other income sources on the following page.

AFFIDAVIT, Page 4

Workers Compensation Benefits [] Yes [] No

Amount Received per Month: \$ _____

Insurance Benefits/Proceeds [] Yes [] No

Amount Received per Month: \$ _____

Pension/Retirement Income [] Yes [] No

Amount Received per Month: \$ _____

Child Support Payments [] Yes [] No

Amount Received per Month: \$ _____

Alimony Payments [] Yes [] No

Amount Received per Month: \$ _____

**TOTAL AMOUNT OF INCOME FROM OTHER SOURCES
RECEIVED PER MONTH, IF ANY:**

\$ _____

E. ASSETS

1. Do you have a checking account? [] Yes [] No

If so, at what financial institution: _____

What is the current balance in your account: \$ _____

2. Do you have a savings account? [] Yes [] No

If so, at what financial institution: _____

What is the current balance in your account: \$ _____

3. Do you own any car(s), truck(s), van(s) or other vehicle(s)? [] Yes [] No

Make: _____ Model: _____ Year: _____

What is the approximate value of the vehicle: \$ _____

Make: _____ Model: _____ Year: _____

What is the approximate value of the vehicle: \$ _____

4. Do you own a home or other real estate? [] Yes [] No

Address: _____
Street City State Zip Code

What is the approximate value of the property: \$ _____

How much do you owe on the property (mortgage balance): \$ _____

AFFIDAVIT, Page 5

5. 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 [] No

If yes, please describe below:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: \$ _____

F. LIABILITIES

1. List all debts owed over \$100 and all payments which you must make on a regular basis.

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.

<u>Source of Debt</u>	<u>Total Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$ _____

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

[] Yes [] No

If yes, please describe below:

<u>Source of Debt</u>	<u>Total Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

Total: \$ _____

AFFIDAVIT, Page 6

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 determine whether you can afford to pay the required fee(s).

**GWINNETT SUPERIOR COURT
STATE OF GEORGIA**

ORDER TO PROCEED IN FORMA PAUPERIS

CIVIL ACTION FILE NO:

Plaintiff(s)

v.

Defendant(s)

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

Before the Court is Plaintiff's Affidavit of Eligibility to Proceed *in Forma Pauperis*. Pursuant to the requirements of O.C.G.A. § 9-15-2, and in consideration of Plaintiff's Affidavit, the documents relative to the financial situation of the Plaintiff (if any), as well as all other initial pleadings, including the Statement of Claim, Affiant's request to proceed *in forma pauperis* is:

HEREBY GRANTED. After considering the Poverty Guidelines established by the U.S. Department of Health and Human Services at 125% or less of the poverty level, and based upon the size of the family unit, it appears to the Court that the Affiant is unable to pay the filing fees associated with this action. Therefore, the Affiant's pleadings shall be filed, and the Affiant shall be relieved from paying the filing fee, Sheriff's service fee, and, if a judgment is awarded to the Plaintiff, any fees associated with the issuance of a fi fa and post judgment interrogatories.

HEREBY DENIED BASED ON FINANCIAL GUIDELINES. Following a hearing during which the Court took sworn testimony from the Plaintiff regarding the contents of his/her Affidavit of Indigence, the Court finds that the Affiant has *not* demonstrated that he/she is unable to pay the filing fee and associated costs of this action based upon the Poverty Guidelines established by the U.S. Department of Health and Human Services at 125% or less of the poverty level, considering the size of the family unit; therefore, the Affiant shall not be relieved from paying the filing fee, Sheriff's service fee, or other required Court costs.

*The hearing took place in Courtroom _____ of the Gwinnett County Justice and Administration Center on: [] the date of the Order; or [] the _____ day of _____, 20_____.

HEREBY DENIED BASED ON A COMPLETE ABSENCE OF ANY JUSTICIABLE ISSUE OF LAW OR FACT. Pursuant to O.C.G.A. § 9-15-2(d), the Court finds that the pleading filed by the Affiant shows in its face such a complete absence of any justiciable issue of law and/or fact that it cannot reasonably be believed that the Court could grant any relief against any party named in the pleading.

This _____ day of _____, 20_____.

Judge, Superior Court

Judge Initials: _____

- [] Plaintiff Copy Received in Court
[] Plaintiff Copy Mailed