

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 Columbia County, Georgia**

\_\_\_\_\_, Plaintiff )  
vs. ) Civil Action No. \_\_\_\_\_  
\_\_\_\_\_, Defendant )

**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	<u>Resides with</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. SUMMARY OF AFFIANT'S INCOME AND NEEDS**

(a) Gross monthly income (from item 3A) \$ \_\_\_\_\_  
(b) Net monthly income (from item 3C) \$ \_\_\_\_\_  
(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 <u>ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS</u>	\$ _____
Commissions, Fees, Tips	\$ _____
Income from self-employment, partnership, close corporations, and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) <u>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</u>	\$ _____
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) <u>ATTACH SHEET ITEMIZING YOUR CALCULATIONS</u>	\$ _____
Bonuses	\$ _____
Overtime Payments	\$ _____
Severance Pay	\$ _____
Recurring Income from Pensions or Retirement Plans	\$ _____
Interest and Dividends	\$ _____
Trust Income	\$ _____
Income from Annuities	\$ _____
Capital Gains	\$ _____
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)	\$ _____
<b>GROSS MONTHLY INCOME</b>	<b>\$ _____</b>

**B. 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:	\$ _____	_____	_____	_____
Real Estate:				
home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____

**Automobiles/Vehicles:**

Vehicle 1:	\$ _____	_____	_____	_____
debt owed:	\$ _____			
<b>Vehicle 2:</b>	\$ _____	_____	_____	_____
debt owed:	\$ _____			
Life Insurance ( <u>net</u> cash value):	\$ _____	_____	_____	_____
Furniture/furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<b>Total Assets:</b>	\$ _____	_____	_____	_____

**5. A. AVERAGE MONTHLY EXPENSES**

**Household**

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ _____
<u>Homeowner/Renter</u> Insurance	\$ _____	Meals outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	<b>AUTOMOBILE</b>	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____

**Telephone:**

<u>residential line:</u>	\$ _____	Repairs	\$ _____
<u>cellular telephone:</u>	\$ _____	Auto tags and license	\$ _____
		Insurance	\$ _____

Gas	\$ _____
Repairs and maintenance:	\$ _____
Lawn Care	\$ _____
Pest Control	\$ _____

**OTHER VEHICLES (boats, trailers, RVs, etc.)**

<u>Gasoline and oil</u>	\$ _____
<u>Repairs</u>	\$ _____
<u>Tags and license</u>	\$ _____
<u>Insurance</u>	\$ _____

**CHILDREN'S EXPENSES**

Child care ( <u>total monthly cost</u> )	\$ _____
School tuition	\$ _____
<u>Tutoring</u>	\$ _____
Private lessons (e.g. music dance)	\$ _____

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry	\$ _____
Clothing	\$ _____
Medical, dental, <u>prescription</u> (out of pocket/uncovered)	\$ _____

School supplies/expenses \$ \_\_\_\_\_  
 Lunch Money \$ \_\_\_\_\_  
Other Educational Expenses (list)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Allowance \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Diapers \$ \_\_\_\_\_  
 Medical, dental, prescription  
 (out of pocket/uncovered  
 expenses) \$ \_\_\_\_\_  
 Grooming, hygiene \$ \_\_\_\_\_  
 Gifts from children to others \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
Activities (including extra-  
curricular, school, religious,  
cultural, etc.) \$ \_\_\_\_\_  
Summer Camps \$ \_\_\_\_\_

**OTHER INSURANCE**

Health \$ \_\_\_\_\_  
                     Child(ren)'s portion: \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
                     Child(ren)'s portion: \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_  
                     Child(ren)'s portion: \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
                     Relationship of Beneficiary: \_\_\_\_\_  
 Disability \$ \_\_\_\_\_  
 Other(specify): \$ \_\_\_\_\_

Affiant's gifts (special holidays) \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
Recreational Expenses (e.g.,  
fitness) \$ \_\_\_\_\_  
 Vacations \$ \_\_\_\_\_  
Travel Expenses for Visitation \$ \_\_\_\_\_  
 Publications \$ \_\_\_\_\_  
 Dues, clubs \$ \_\_\_\_\_  
 Religious and charities \$ \_\_\_\_\_  
Pet expenses \$ \_\_\_\_\_  
 Alimony paid to former spouse \$ \_\_\_\_\_  
 Child support paid for other  
children \$ \_\_\_\_\_  
                                     Date of initial order: \_\_\_\_\_  
 Other (attach sheet) \$ \_\_\_\_\_

**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:** \$ \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Affiant

Sworn to and subscribed before me,  
 this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 (SEAL)