

IN THE SUPERIOR COURT OF LIBETY COUNTY  
STATE OF GEORGIA

	Plaintiff	§	
		§	
v.		§	
		§	CIVIL ACTION NO.
		§	
		§	
	Defendant	§	

**AFFIDAVIT OF POVERTY**

I am the Plaintiff in this case and I do not have an attorney. I am filing this Affidavit of Poverty pursuant to O.C.G.A. § 9-15-2 to ask that I be relieved from paying the court costs in this action. I hereby swear or affirm, before a notary public, that the following information is true:

1.

Because I am indigent, I am unable to pay the filing fees, service fees and other court costs (including publication costs) that are normally required for initiation a civil action in this Court.

2.

My gross income (before taxes) is \$ 0.00 per month; my net income (after taxes) is \$0.00 per month. In addition to my own income, my other family members living with me have a total income of \$            per month.

3.

I have \$0.00 in my savings account(s) and approximately \$            in my checking account(s).

4.

The amount of my rent or mortgage payment is \$            per month.

5.

I support the following dependents who live with me (list name and date of birth of each dependent):

Name

Date of Birth

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In addition, I pay \$ \_\_\_\_\_ per month in support to other family members who do not live with me.

6.

I have the following financial circumstances:

\_\_\_\_\_ I have a bankruptcy going on or just recently completed. The court case number for my bankruptcy is \_\_\_\_\_ and the assigned judge is \_\_\_\_\_.

\_\_\_\_\_ Other (explain in detail):

\_\_\_\_\_  
Plaintiff  
Type Name Here

Subscribed and sworn before me on  
, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public