

POVERTY AFFIDAVIT

I am requesting the Court waive my: Filing Fees Other: _____

I. Personal Information

Applicant's Name	D.O.B.
Address	
Case Number (If Known)	Phone Number

II. Other Persons Living in Household

Name 1)	D.O.B.	Relationship	Name 2)	D.O.B.	Relationship
Name 3)	D.O.B.	Relationship	Name 4)	D.O.B.	Relationship

III. Income and Employer

	Applicant	Spouse	Total Income
Gross Monthly Employment Income			\$
Unemployment, Worker's Compensation, Child Support, Social Security, Other Types of Income			\$
Employer's Name			Total Income \$
Employer's Address		Employer's Phone Number	

IV. Liquid Assets

Type of Asset	Estimated Value
Checking, Savings, and/or Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

V. Monthly Expenses

<input type="checkbox"/> I Rent My Home	Monthly Payment: \$	<input type="checkbox"/> I Own My Home	Monthly Payment: \$
			Value of Home: \$
Vehicle 1		Vehicle 2	
Year, Make, and Model	"Blue Book" Value: \$	Year, Make, and Model	"Blue Book" Value: \$
Monthly Payment: \$	Loan Balance: \$	Monthly Payment: \$	Loan Balance: \$

VI. Affidavit

I HEREBY REPRESENT UNDER OATH THAT THE ABOVE INFORMATION CONCERNING MY FINANCIAL CONDITIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Affiant's Signature

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

Notary Signature

Title

Office Use Only

I hereby certify that the above noted applicant has submitted documentation to verify status of indigency.

Indigent Not Indigent

Signature of Verifier

Date