POVERTY AFFIDAVIT

I am requesting the Court waive my: ☐ Filing Fees ☐ Guardian *ad litem* (GAL) Fees
☐ Clinic Evaluation 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			
☐ I Rent My Home	Monthly Payment: $	☐ I Own My Home	Monthly Payment: $
		Value of Home: $	Mortgage Balance: $
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