

IN THE _____ COURT OF _____ COUNTY

_____,)
Plaintiff,)
)
V.)
)
_____,)
Defendant.)

UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

I, _____, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the expenses of this case and that I am justly entitled to the relief sought to the best of my belief. The following facts support my poverty.

- 1. Full Name: _____
- 2. Address: _____
- 3. Telephone Number: _____
- 4. Date of Birth: _____
- 5. Names and Ages of All Dependents:

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

6. I am employed by: _____
My employer's address is: _____
My employer's phone number is: _____

7. My present income, after federal income and social security taxes are deducted, is: \$ _____

8. I receive or expect to receive money from the following sources:

AFDC \$ _____ per month beginning _____

SSI \$ _____ per month beginning _____
Retirement \$ _____ per month beginning _____
Disability \$ _____ per month beginning _____
Unemployment \$ _____ per month beginning _____
Worker's Compensation \$ _____ per month beginning _____
Other \$ _____ per month beginning _____

9. My expenses are:

Rent/House Payment \$ _____ per month
Groceries \$ _____ per month
Electricity \$ _____ per month
Water \$ _____ per month
Gas \$ _____ per month
Transportation \$ _____ per month
Medical & Dental \$ _____ per month
Telephone \$ _____ per month
School Supplies \$ _____ per month
Clothing \$ _____ per month
Child Care or Court Ordered Child Support \$ _____ per month
Other \$ _____ per month

10. Assets:

Automobile \$ _____ (Fair Market Value)

Checking/Savings Account \$ _____

House \$ _____ (Fair Market Value)

Other \$ _____

11. My debts are:

Amount Owed To Whom

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

Signature of Party

Print Name of Party