

IN THE CHANCERY COURT OF SUMNER COUNTY

PLAINTIFF

VS.

DOCKET NO: _____

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 telephone number is: _____
7. My present income, after federal income and social security taxes are deducted is:
\$ _____ per week or \$ _____ per month.
8. I receive or expect to receive money from the following sources:
AFDC \$ _____ per month beginning _____ Spousal support \$ _____ per month beginning _____
SSI \$ _____ per month beginning _____ Unemployment \$ _____ per month beginning _____
Retirement \$ _____ per month beginning _____ Worker's Comp \$ _____ per month beginning _____
Disability \$ _____ per month beginning _____ Other \$ _____ per month beginning _____
Child support \$ _____ per month beginning _____

9. **My expenses are:**

Rent/House Pymt. \$ _____ per month

Groceries \$ _____ per month

UTILITIES

a) Electricity \$ _____ per month

b) Water \$ _____ per month

c) Gas \$ _____ per month

d) Other \$ _____ per month

Medical & Dental \$ _____ per month

*Transportation \$ _____ per month

* includes car payment, insurance & gasoline *

Phone/Cell \$ _____ per month

School Supplies \$ _____ per month

Clothing \$ _____ per month

Child Care \$ _____ per month

Court Ordered

child support \$ _____ per month

Other \$ _____ per month

\$ _____ per month

\$ _____ per month

\$ _____ per month

Total Expenses per month \$ _____

10. **Assets:**

Motor vehicles \$ _____ (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 the action.

PLAINTIFF

NOTICE: This Order, if approved, allows the filing of the Complaint/Petition without paying costs in advance. Court costs are not waived and will be assessed by the Judge to one or more parties.

Sworn to and subscribed before me this the _____ day of _____, _____.

Deputy Clerk/Notary Public

My commission expires: _____

ORDER ALLOWING FILING ON PAUPER'S OATH

It appears based upon the Affidavit of Indigency filed in the cause and after due inquiry made that the Plaintiff is an indigent person and is qualified to file this case on a pauper's oath.

It is ordered this the _____ day of _____, _____

JUDGE

DETERMINATION OF NONINDIGENCY

It appearing based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the Plaintiff is not an indigent person because

IT IS ORDERED AND ADJUDGED that the Plaintiff does not qualify for filing this case on a pauper's oath.

This the _____ day of _____, _____.

JUDGE

NOTICE: If the judge determines that based upon your affidavit you are not eligible to proceed under a pauper's oath, you have the right to a hearing before the judge.