IN THE PROBATE COURT OF NEWTON COUNTY

STATE OF GEORGIA

PAUPER'S AFFIDAVIT

(In order to process your request, please attach your tax returns for the last two years)

In support of my request for services of the Court without payment of fees, I hereby show the Court the following:

- 1. Name of party requesting pauper status:
- Name and address of employer, if any (indicate here if unemployed, self-employed, disabled, etc.):
- Net income (total income, minus deductions required by law and child support automatically deducted from paycheck):
 week/ two weeks/ month/ year (circle one)
- If child support you owe that is not deducted from check, state amount of child support obligation:
 \$ ______ week/ month
- 5. Do you receive child support? Yes / No Amount. \$_____
- 6. Do you receive unemployment or workers compensation? Yes / No Amount
 \$
- Do you receive: Military, VA, Social Security, SSI, TANF, Food Stamps, or Retirement benefits? Yes / No. Amount: \$______
- If you do not pay your own basic living expenses, state the name and relationship of the person who does: ______
- 9. Are you disabled? Yes / No If yes, list any disability income: _____
- 10. Does anyone else claim you as a dependent for tax purposes? Yes / No If yes, who?
- 11. Other income you receive from any source:
- 12. Amount of cash, checking accounts, savings accounts, retirement accounts, accounts:
- 13. Motor vehicles -- State year, make, and model: _______Estimated Value: \$_____

14. Is any real estate titled in your name? Yes / No Equity: \$_____

15. Other assets	or property,	other than u	sual and cu	istomary l	household	furnishings.	List and	state
est.value:								

17.	If married, name and address of spouse's employer, if any:
18.	Net income (total income, minus deductions required by law and child support automatically
	deducted from paycheck): \$ week/ two weeks/ month/ year (circle one)
19.	. How many people depend on your for their support? List the names, age and relationships to you of the people you support financially:

VERIFICATION: BY MY SIGNATURE BELOW, I HEREY SWEAR OR AFFIRM, UNDER PENALTY OF PERJUFY, THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOLEDGE THAT IF I HAVE MADE ANY FALSE STATEMENTS THAT I MAY BE CHARGED WITH A FELONY WHICH CARRIES A PENALTY OF FROM ONE TO FIVE YEARS.

Submitted this _____ day of _____, 20____.

Applicant for Pauper Status

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

Clerk, Probate Court of Newton County

Approved this ______ day of ______, 20_____.

Melanie M. Bell, Judge