

**IN THE SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIA**

Petitioner: _____

and

Respondent: _____

Civil Action File No.: _____

POVERTY AFFIDAVIT

Comes now _____, the Petitioner in the above style

_____ [Enter the name of the Petition], being first duly sworn,
deposes and says:

1. That I, by reason of my poverty, am unable to pay the cost deposit required by O.C.G.A. § 5-6-77 to file a civil case, in the courts of Cobb County.
2. That I am _____ years of age, and my monthly household income is \$_____. A copy of my last two pay stubs/unemployment checks/other proof of income source are attached.
3. That I live at _____, and pay \$_____ per month as rent.
4. My household consists of _____ number of people.
5. That I pay the following bills each month:

Name of Bill	Amount of Bill

6. That I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

Signed this _____ day of _____.
[day] [month] [year]

(Sign your name here before Notary) Petitioner, *Self-Represented*

Petitioner's name (print or type): _____

Petitioner's Address: _____

Petitioner's Telephone Number: _____

Sworn to and affirmed before me, this
_____ day of _____.

NOTARY PUBLIC

My commission expires: _____
(Notary Seal)