

# In the General Sessions Court of Davidson County, Tennessee

\_\_\_\_\_  
Plaintiff/Petitioner

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent

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## UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

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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 I am justly entitled to the relief sought to the best of my belief.

**By direction of the Davidson County Judges, you are required to attach to this Affidavit documentation of your income (employee paystubs, W-2 forms, 1099 forms), documentation of unemployment benefits which you are currently receiving, or documentation of the fact that your unemployment benefits have ceased. In addition, you are required to attach to this Affidavit documents which support your listed monthly living expenses.**

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:

\$ \_\_\_\_\_

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  
 Other: \_\_\_\_\_ .....\$ \_\_\_\_\_ per month

10. Assets:

Automobile.....\$ \_\_\_\_\_ (Fair Market Value) \$ \_\_\_\_\_  
 Checking/Savings Account.....\$ \_\_\_\_\_  
 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.

\_\_\_\_\_  
**PLAINTIFF/PETITIONER**

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public or Deputy Clerk