



③ **Employment:** If you are working now, fill out information below. If **not** working now, check here:

Employer's Name: \_\_\_\_\_

Employer's Address and Telephone Number:

\_\_\_\_\_ Street Address City State Zip Phone #

How much do you earn after taxes are deducted?

\$ \_\_\_\_\_ each (check one)  week  month  other: \_\_\_\_\_

④ **Other Income:** List **any** other income that you receive now or expect to receive.

| Source of Income                             | How much do you receive? | Source of Income                        | How much do you receive? |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Families First/AFDC | \$ _____ / month         | <input type="checkbox"/> Unemployment   | \$ _____ / month         |
| <input type="checkbox"/> Social Security     | \$ _____ / month         | <input type="checkbox"/> Worker's Comp. | \$ _____ / month         |
| <input type="checkbox"/> Retirement          | \$ _____ / month         | <input type="checkbox"/> Other*         | \$ _____ / month         |
| <input type="checkbox"/> Disability          | \$ _____ / month         | <input type="checkbox"/> SSI            | \$ _____ / month         |

\* Explain source of "Other" income here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

⑤ **Assets:** List **all** assets that you own separately, with your spouse, or with someone else.

| Asset Type                            | Fair Market Value (what it's worth now) | [-] Money Still Owed | [=] Balance |
|---------------------------------------|---|----------------------|-------------|
| 1. Car, truck, or other vehicle       | \$ _____                                | \$ _____             | \$ _____    |
| 2. Other car, truck, or other vehicle | \$ _____                                | \$ _____             | \$ _____    |
| 3. House, condominium or land         | \$ _____                                | \$ _____             | \$ _____    |
| 4. Other house, condominium or land   | \$ _____                                | \$ _____             | \$ _____    |

**List All Bank/Financial Institution Names Below:**

| Bank Name [DO NOT INCLUDE ACCOUNT #] | Balance  |
|--------------------------------------|----------|
| 1. _____                             | \$ _____ |
| 2. _____                             | \$ _____ |
| Cash                                 | \$ _____ |
| <b>Total:</b>                        | \$ _____ |

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

⑥ **Expenses:**

|   | How much each month? |   | How much each month? |
|---|----------------------|---|----------------------|
| <input type="checkbox"/> Rent/House Payment | \$ _____             | <input type="checkbox"/> Gas                            | \$ _____             |
| <input type="checkbox"/> Phone              | \$ _____             | <input type="checkbox"/> Child Care                     | \$ _____             |
| <input type="checkbox"/> Groceries          | \$ _____             | <input type="checkbox"/> Court-ordered<br>Child Support | \$ _____             |
| <input type="checkbox"/> School Supplies    | \$ _____             | <input type="checkbox"/> Transportation                 | \$ _____             |
| <input type="checkbox"/> Electricity        | \$ _____             | <input type="checkbox"/> Medical/Dental                 | \$ _____             |
| <input type="checkbox"/> Clothing           | \$ _____             | <input type="checkbox"/> Other                          | \$ _____             |
| <input type="checkbox"/> Water              | \$ _____             | <input type="checkbox"/> Other                          | \$ _____             |

⑦ **Debts:**

| Who do you owe? | How much do you owe? |
|-----------------|----------------------|
| 1.              | \$ _____             |
| 2.              | \$ _____             |
| 3.              | \$ _____             |
| 4.              | \$ _____             |
| 5.              | \$ _____             |
| 6.              |                      |
| 7.              | \$ _____             |

⑧ **Assistance:** If you are receiving any **monetary assistance** with your daily living expenses, please state:

| Name(s) of Person(s)<br>(assisting you) | Relationship<br>(to you) | Amount of<br>Assistance<br>(being provided to<br>you each month) | Length of<br>Time<br>(you have been<br>receiving this<br>assistance) | Length of<br>Time<br>(you expect to<br>receive this<br>assistance) |
|---|--------------------------|--|--|--|
| 1.                                      |                          | \$   |  |  |
| 2.                                      |                          | \$   |  |  |
| 3.                                      |                          | \$   |  |  |
| 4.                                      |                          | \$   |  |  |
| 5.                                      |                          | \$   |  |  |
| 6.                                      |                          | \$   |  |  |
| 7.                                      |                          | \$   |  |  |
| 8.                                      |                          | \$   |  |  |



If you are receiving any type of **monthly assistance** that is **not monetary in nature** (for example, *room and board, meals, etc.*), please state:

| Name(s) of Person(s)<br>(assisting you) | Relationship<br>(to you) | Amount/Value<br>of Assistance<br>(being provided to<br>you each month) | Length of<br>Time<br>(you have been<br>receiving this<br>assistance) | Length of<br>Time<br>(you expect to<br>receive this<br>assistance) |
|---|--------------------------|--|--|--|
| 1.                                      |                          | \$   |  |  |
| 2.                                      |                          | \$   |  |  |
| 3.                                      |                          | \$   |  |  |
| 4.                                      |                          | \$   |  |  |
| 5.                                      |                          | \$   |  |  |
| 6.                                      |                          | \$   |  |  |

**I declare under penalty of perjury under the laws of the State of Tennessee that:**

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

**Perjury means lying on purpose. If I lie on purpose, I may have to pay a fine or go to jail.**

Sign here:  \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT!**

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The Court will not accept written statements from witnesses. The person must go to Court in person. If you think a witness may not want to go to Court, ask the Clerk for Subpoena forms. Complete the Subpoena as soon as possible so the Sheriff can serve them before Court.

The Court and Clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.

**Judge's Order:**

Based on the information above and the Plaintiff's answers (check **one**):

- This *Request* is **approved**, and the Plaintiff may file without paying the filing fees at this time.
- This *Request* is **denied** because (explain): \_\_\_\_\_

This Order is made on (date): \_\_\_\_\_ By: \_\_\_\_\_  
**Judge's Signature**