

In the General Sessions Court of Davidson County, Tennessee

Plaintiff/Petitioner

vs.

Case No. _____

Defendant/Respondent

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 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