IN THE SUPERIOR COURT OF FULTON COUNTY STATE OF GEORGIA FAMILY DIVISION

In re the Family of:	
Petitioner:	
and	Civil Action File No:
Respondent:	
	POVERTY AFFIDAVIT
Comes now	, the Petitioner in the above styled
	(name of petition), being first duly sworn, deposes and says:
That I, by reason of my poverty, am case, in the Courts of Fulton Coun	unable to pay the cost required by O.C.G.A. §15-6-77 to file a civil aty.
2. That I am years	s of age, and my monthly household income is
A copy of my last two pay stubs/ur	
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	o proceed in this action without having to pay filing fees and associated
costs.	b process in the determinant having to pay iming root and accordance
This the day of	,
	(Sign your name here in front of the Notary or Judge)
	Address:
	Telephone number: ()
Sworn to and subscribed before me, the	
day of	··
NOTARY PUBLIC/ JUDGE	
My Commission Expires:	
(Notary Seal)	