

_____ _____ _____ Court County Tennessee	<h1 style="margin: 0;">UNIFORM CIVIL AFFIDAVIT OF INDIGENCY</h1> <p style="margin: 0;">page 1 of 2</p>	Case Number _____
_____ vs. _____		

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 that I am justly entitled to the relief sought to the best of my belief. 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 phone 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 | Medical/Dental | \$ _____ per month |
| Groceries | \$ _____ | per month | Telephone | \$ _____ per month |
| Electricity | \$ _____ | per month | School Supplies | \$ _____ per month |
| Water | \$ _____ | per month | Clothing | \$ _____ per month |
| Gas | \$ _____ | per month | Child Care or | \$ _____ per month |
| Transportation | \$ _____ | per month | Court Ordered Child Support | \$ _____ per month |
| | | | Other | \$ _____ per month |

10. Assets:
- | | | | |
|--------------------------|----------|-------|-------|
| Automobile | \$ _____ | (FMV) | _____ |
| Checking/Savings Account | \$ _____ | | _____ |
| House | \$ _____ | (FMV) | _____ |
| 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

ORDER ALLOWING FILING ON PAUPER'S OATH

It appears based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the Plaintiff is an indigent person and is qualified to file case upon a pauper's oath.

_____ Court _____ County _____ Tennessee	<h2 style="margin: 0;">UNIFORM CIVIL AFFIDAVIT OF INDIGENCY</h2> <p style="margin: 0;">page 2 of 2</p>	Case Number _____
_____ vs. _____		

It is so ordered this the _____ day of _____, 20____

JUDGE

DETERMINATION OF NONINDIGENCY

It appearing based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the Plaintiff is not an indigent person because _____.

IT IS ORDERED AND AJUDGED that the Plaintiff does not qualify for filing this case on a pauper's oath.

This the ____ day of _____, 20 _____.

JUDGE

NOTICE: If the judge determines that based upon your affidavit you are not eligible to proceed under a pauper's oath, you have the right to a hearing before the judge or, in those cases that can be appealed to Circuit Court, a hearing before the Circuit Court judge.