

# AFFIDAVIT OF INDIGENCY

IN THE COURT OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, STATE OF  
\_\_\_\_\_

**Plaintiff / Petitioner:**

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VS.

**Defendant / Respondent:**

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**Case No:** \_\_\_\_\_

## I. PRELIMINARY STATEMENT

I, \_\_\_\_\_ (Full Name), the Affiant herein, being first duly sworn, depose and state that I am the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent in the above-entitled action.

I am submitting this Affidavit to request a waiver of court fees and costs. I am unable to pay the

court costs and fees in this matter without substantial hardship to myself or my family. In support of this request, I provide the following financial information under penalty of perjury.

## **II. PERSONAL INFORMATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## **III. REPRESENTATION**

Please select one:

- ☐ I am not represented by an attorney.
- ☐ I am represented by a private attorney.
- ☐ I am represented by a Legal Aid or Non-Profit Legal Services organization.

## **IV. PUBLIC ASSISTANCE / GOVERNMENT BENEFITS**

Do you currently receive any of the following forms of public assistance? (Check all that apply)

- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Nutrition Assistance Program (SNAP / Food Stamps)
- ☐ Medicaid / Medi-Cal
- ☐ General Assistance (GA)

- ☐ Unemployment Compensation
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Public Housing / Section 8
- ☐ None of the above

## **V. EMPLOYMENT AND INCOME**

### **A. Employment Status**

- ☐ I am currently employed.
- ☐ I am currently unemployed.
- ☐ I am retired.
- ☐ I am disabled and unable to work.

### **B. Employer Information (if applicable)**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

### **C. Monthly Income**

Please list all sources of monthly income calculated as a gross monthly average:

1. Wages, Salary, Tips, Commissions: \$ \_\_\_\_\_
2. Self-Employment Income: \$ \_\_\_\_\_
3. Unemployment Benefits: \$ \_\_\_\_\_
4. Social Security / Retirement: \$ \_\_\_\_\_
5. Child Support / Alimony Received: \$ \_\_\_\_\_
6. Disability Benefits: \$ \_\_\_\_\_

7. Investment / Rental Income: \$ \_\_\_\_\_

8. Other Income: \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

## **VI. HOUSEHOLD AND DEPENDENTS**

1. Marital Status:

☐ Single   ☐ Married   ☐ Divorced   ☐ Separated   ☐ Widowed

2. Spouse's Name (if applicable): \_\_\_\_\_

3. Number of minor children living in the household: \_\_\_\_\_

4. Number of other dependents living in the household:

\_\_\_\_\_

List the names and ages of all dependents:

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## **VII. MONTHLY EXPENSES**

Please list your average monthly expenses:

1. Rent or Mortgage Payment: \$ \_\_\_\_\_
2. Food and Household Supplies: \$ \_\_\_\_\_
3. Utilities (Gas, Electric, Water, Phone): \$ \_\_\_\_\_
4. Transportation (Car payment, gas, bus): \$ \_\_\_\_\_
5. Medical / Dental Insurance & Costs: \$ \_\_\_\_\_
6. Child Care / Child Support Paid: \$ \_\_\_\_\_
7. Credit Card / Loan Payments: \$ \_\_\_\_\_
8. Other Expenses: \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

## **VIII. ASSETS AND PROPERTY**

### **A. Cash and Accounts**

1. Cash on hand: \$ \_\_\_\_\_
2. Checking Account Balance: \$ \_\_\_\_\_
3. Savings Account Balance: \$ \_\_\_\_\_

### **B. Real Estate**

Do you own any real estate (including your home)?

☐ Yes   ☐ No

If yes, please describe the property and its estimated value:

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### **C. Vehicles**

Do you own any vehicles?

☐ Yes   ☐ No

If yes, Year/Make/Model: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Amount Owed: \$

\_\_\_\_\_

### **D. Other Assets**

List any other assets of value (stocks, bonds, jewelry, boats, etc.):

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## **IX. DEBTS AND LIABILITIES**

Please list any major debts (excluding those listed in monthly expenses above), such as judgments, tax liens, or large medical bills:

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## **X. ADDITIONAL INFORMATION**

Please state any other facts regarding your financial situation that you want the Court to consider (e.g., pending eviction, medical emergency, bankruptcy):

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## **XI. OATH AND DECLARATION**

I declare under penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. I understand that providing false information in this Affidavit may result in the dismissal of my claims, sanctions, or criminal prosecution.

I further understand that if my financial situation improves during the pendency of this case, I have a duty to notify the Court immediately.

## **AFFIANT SIGNATURE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

\*

NOTARY ACKNOWLEDGMENT\*\*

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who proved to me on the basis of  
satisfactory evidence to be the person who appeared before me.

Signature of Notary Public: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_