# **AFFIDAVIT OF INDIGENCY**

This Affidavit of Indigency is en	tered into on the
day of	, 20
	, by the undersigned,
	, residing at
	, with a contact phone number of
	and email address of
	·
I,	, being duly sworn, depose and say:
1. Purpose of Affidavit	
I am submitting this Affidavit of	of Indigency to declare my inability to pay court fees and costs
due to financial hardship and to r	equest a waiver of these fees in the legal proceedings identified
as Case No.	, in the
	Court.
2. Personal Information	
- Full Name:	
- Address:	
- Phone Number:	
- Email Address:	

3. Financial Status

I affirm that my financial situation is such that I am unable to pay the court fees and costs
associated with the above-referenced legal proceedings. My income, assets, and liabilities are as
follows:
- Monthly Income: \$
- Assets:
- Liabilities:
4. Declaration of Indigency
I declare that I am indigent and unable to pay the court fees and costs without substantial
hardship to myself and my dependents. I request that the court waive these fees in accordance
with applicable laws and regulations.
5. Governing Law

This Affidavit shall be governed by and construed in accordance with the laws of the State of

## 6. Severability

If any provision of this Affidavit is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

## 7. Entire Agreement

This Affidavit constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

#### 8. Notice

Any notice required or permitted under this Affidavit shall be in writing and shall be deemed to have been duly given when delivered personally or sent by certified mail, return receipt requested, to the parties at their respective addresses set forth herein.

#### 9. Amendment

This Affidav	it may only be	amended o	r modified	by a writt	en agreemen	t signed	by both
parties.							

# 10. Waiver of Rights

The waiver by any party of any breach of this Affidavit shall not operate as a waiver of any subsequent breach. No waiver shall be effective unless in writing and signed by the party against whom enforcement is sought.

11	Signature	and	Not	ariz	ation
11.	Digitature	anu	1101	ariz	auon

I declare under penalty of perjury that the foregoing is true and correct.

_ day of	
	day of
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day of	
	day of

My Commission Expires:		day of
	20	
	, 20	

This document is prepared for immediate use, printing, and signing. Please ensure all blank fields are completed accurately before submission.