

**IN THE MAGISTRATE COURT OF SSSSSSSSSSSS COUNTY
STATE OF GEORGIA**

AFFIDAVIT OF INDIGENCE

Before the undersigned officer duly authorized to administer oaths personally appeared _____, who being duly sworn, deposes and says under oath, as follows:

1. I, _____, plaintiff/ defendant named above, am over 18 years of age, suffer from no legal disabilities, and give this affidavit from personal knowledge for utilization for all purposes in the above-styled civil action, including but not limited to use in support of affiant's motion to proceed in forma pauperis.

2. I am without resources to pay court costs and other costs associated with litigation.

3. I state the following is an accurate list of my monthly income and expenses:
court costs.

INCOME:	\$ _____	per month
Expenses:	\$ _____	per month
Rent	\$ _____	per month
Food	\$ _____	per month
Utilities	\$ _____	per month
Transportation	\$ _____	per month
Clothes	\$ _____	per month
TOTAL EXPENSES:	\$ _____	per month

Sworn to and subscribed before me this _____ day of _____, 20_____.

Attesting Official

Affiant

ORDER

Plaintiff having moved for leave to proceed in forma pauperis and having filed an affidavit of his/her indigence and inability to pay the court cost to prosecute his or her civil action,

It is ORDERED that plaintiff's complaint be filed without the payment of fees or costs. Plaintiff shall have the benefit of all needed services and process from all officers, without payment by him or her of fees. The Court reserves for future consideration the question of whether defendant must pay these fees and costs.

This _____ day of _____, 20_____.

Magistrate of Effingham County