


**IN THE SUPERIOR COURTS OF THE APPALACHIAN JUDICIAL CIRCUIT
STATE OF GEORGIA
STANDING ORDER OF THE COURT**

In Re: Affidavits of Poverty

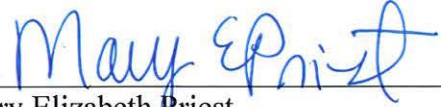
When a party claims to be unable to pay any deposit, fee, or other cost which is normally required in the court pursuant to O.C.G.A. Section 9-15-2(a), the party shall complete an Affidavit of Poverty in substantially the same form as that attached as Exhibit "A," with copies of the two most recent paychecks or disability checks, a copy of the cable bill, and a copy of the cell phone bill. Please strike-out the full date of birth and social security number and all but the last four digits of any account numbers.

The Affidavit of Poverty and supporting documents shall be attached to the unfiled Petition or Complaint and provided to a Superior Court Judge who will consider the issue and enter an order denying or granting the poverty request pursuant to the authority of O.C.G.A. Section 9-15-2(d).


SO ORDERED, 7 day of February, 2024.



Brenda S. Weaver
Chief Judge of Superior Courts
Appalachian Judicial Circuit



Mary Elizabeth Priest
Judge of Superior Courts
Appalachian Judicial Circuit



B. Alison Sosebee
Judge of Superior Courts
Appalachian Judicial Circuit

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Plaintiff/Petitioner,

v.

_____,
Respondent/Defendant.

CIVIL ACTION

FILE NO. _____

AFFIDAVIT OF POVERTY

Comes now _____, the Petitioner in the above-styled case,
_____ (name of petition), being first duly sworn,
deposes and says:

1. That I, by reason of my poverty, am unable to pay the cost required by O.C.G.A. §15-6-77 to file a civil case in the _____ County Superior Court.
2. That I am _____ years of age, and my monthly household income is _____. (*A copy of my last two pay stubs/unemployment checks is attached.*)
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:

<u>Name of Bill</u>	<u>Amount of Bill</u>
<i>Cell Phone (attached)</i>	
<i>Cable (attached)</i>	
Other:	
6. That I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

This the _____ day of _____, 200_____

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

(Sign your name here in front of the Notary)

Address: _____

Telephone number: () _____

NOTARY PUBLIC
My Commission Expires:
(Notary Seal)

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

_____,
Plaintiff/Petitioner,

v.

_____,
Respondent/Defendant.

CIVIL ACTION

FILE NO. _____

ORDER ON AFFIDAVIT OF POVERTY

The Plaintiff/Petitioner has submitted an *Affidavit of Poverty* with the Clerk of Court. Pursuant to OCGA § 9-15-2(d), the Court has reviewed the *Affidavit* and the other initial pleadings.

- Affidavit Approved** - It appears to the Court that the affiant is unable to pay the filing fees and associated costs of this action. Therefore, the affiant's pleadings shall be filed, and the affiant shall be relieved from paying the filing fee, sheriff's service fee, and other costs normally required.

- Affidavit Not Approved** - It appears to the Court that the affiant is able to pay the filing fee and associated costs of this action, or that filing should otherwise not be allowed under OCGA § 9-15-2(d). Therefore, the affiant shall not be relieved from paying the filing fee, sheriff's service fee, or any other costs normally required.

It is SO ORDERED this _____ day of _____, 20_____.

JUDGE _____
_____ County Superior Court
Appalachian Judicial Circuit
State of Georgia