

**AFFIDAVIT OF INDIGENCY**  
**FOR WAIVER OF PROBATE COURT FEES**

If you cannot afford to pay the required court fees or deposits, Georgia law allows any party, plaintiff, or defendant in any court action or proceeding to request a waiver by filing an Affidavit of Indigency. By completing this affidavit, you swear under oath that you are unable to pay these costs due to financial hardship.

Note: This affidavit does not affect the court's decision on the merits of your case. It only determines whether you must pay the required court costs.

**Important Procedural Information**

**Waiver of Court Fees:** If the court approves your affidavit, you will not be required to pay the fees or costs, and your case will proceed as if you had paid them.

**Verification by Others:** Any party involved in your case can challenge the truth of your affidavit by filing their own sworn statement. The court will hold a hearing to decide whether you can afford the costs. The court's decision on this issue is final.

**Court Review Without a Challenge:** The court may review your financial situation even if no one contests your affidavit. Following a hearing, if the court determines that you can pay, it may order you to do so within a specified timeframe. Failure to comply could result in the denial of your requested relief.

**Limits on Use of This Affidavit:** This affidavit **cannot** be used for emergency petitions or motions. Emergency cases often require faster court responses, and the court fees must still be paid when filing such matters.

**Separate Affidavits Required:** If multiple people are signing a pleading, each person must submit their own affidavit of indigency.

**Unrepresented Parties:** If you are not represented by an attorney and you file a civil case with this affidavit, the judge will first review your case. If the judge determines your case has no legal or factual basis, they may deny your filing. If the judge allows your case to proceed, it will be sent back to the clerk for regular processing.

**Appeals:** If your filing is denied, you have the right to appeal the decision as if your case had been dismissed.

**IN THE PROBATE COURT OF ROCKDALE COUNTY**  
**STATE OF GEORGIA**

In Re: \_\_\_\_\_

Petitioner: \_\_\_\_\_

**AFFIDAVIT OF INDIGENCY**

Personally appeared before the undersigned officer authorized to administer oaths,  
\_\_\_\_\_, Petitioner and on oath states that he/she  
is because of his/her poverty, unable to pay the filing costs of this action. This indigency  
affidavit in lieu of payment of costs as provided under O.C.G.A. Section 9-15-2.

This \_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Notary Public/Clerk of Probate Court  
My commission expires: \_\_\_\_\_

**IN THE PROBATE COURT OF ROCKDALE COUNTY  
STATE OF GEORGIA**

In Re: \_\_\_\_\_

Petitioner: \_\_\_\_\_

**AFFIDAVIT**

1.

I reside at: \_\_\_\_\_.

2.

My source of income is as follows:

a. Monthly income in the amount of \$ \_\_\_\_\_.

3.

**Representation:**

(Please check the line that applies):

a. \_\_\_ I am represented by an attorney in this matter.

b. \_\_\_ I am **not** represented by an attorney in this matter.

4.

**Household Income Information. Check the box which applies:**

I am the only source of income in my household of (\_\_\_\_) people.

There are multiple sources of income in my household. The total number of income sources is (\_\_\_\_), and the total household income is \$ \_\_\_\_\_ per year.

5.

Please see attached Exhibit "A" for a list of my average monthly income and expenses.

This \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Notary Public/Clerk of Probate Court  
My commission expires: \_\_\_\_\_

**Exhibit "A"**  
**ASSETS, INCOME, OTHER SOURCES OF FUNDS, AND EXPENSES OF**  
**PETITIONER**

PETITIONER: \_\_\_\_\_

TOTAL COUNT OF HOUSEHOLD: \_\_\_\_\_

**INCOME FROM ALL SOURCES**

Monthly Total

Salary \$ \_\_\_\_\_

Other income per year including SSI, disability, alimony, annuity,  
or trust distributions \$ \_\_\_\_\_

Interest, dividend, or investment income \$ \_\_\_\_\_

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**MONTHLY TOTAL OF ALL INCOME** \$ \_\_\_\_\_

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**AVERAGE MONTHLY LIABILITIES AND EXPENSES**

**Household:**

Monthly Total

Care Facility/Rent/Mortgage Payments \$ \_\_\_\_\_

Property Taxes/Insurance \$ \_\_\_\_\_

Utilities/Lawn Care/ Pest Control \$ \_\_\_\_\_

Food/Groceries/Household Goods \$ \_\_\_\_\_

Total credit account and other debt  
payments \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

**Automotive**  
**/Transportation:**

Fuel and Repairs \$ \_\_\_\_\_

Tags/License Fees/Insurance \$ \_\_\_\_\_

Bus/Train/Taxi Fares \$ \_\_\_\_\_

**Minors or other Dependents of the Petitioner:**

Child Care \$ \_\_\_\_\_  
School Tuition/Supplies/Expenses \$ \_\_\_\_\_  
Clothing/Diapers/Grooming/Hygiene \$ \_\_\_\_\_  
Medical/Dental/Prescription \$ \_\_\_\_\_  
Entertainment/Activities \$ \_\_\_\_\_

**Other Insurance:**

Health \$ \_\_\_\_\_  
Life/Disability \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_

**Proposed Petitioner's Other Expenses:**

Laundry/Clothing/Grooming/Hygiene \$ \_\_\_\_\_  
Medical/Dental Prescriptions/Medications \$ \_\_\_\_\_  
Entertainment/Vacations/Subscriptions/Dues \$ \_\_\_\_\_  
Personal Caretakers/Cleaning personnel \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**SUMMARY**

1. Average Monthly Income \$ \_\_\_\_\_  
2. Average Monthly Expenses \$ \_\_\_\_\_

NOTES:

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**You must provide proof of expenses:**

Source of Income: Disability/Benefits Statement/Pay Stub/Tax Return

Residential Proof: Lease Agreement/Mortgage Statement

Copies of Utility Bills: Water, Electric, Gas, Cable, etc.

Bank Statements: provide copy of bank statements from previous three (3) months