

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

IN RE: _____)
_____)
DECEDENT/MINOR/ADULT WARD _____)
_____)

POVERTY AFFIDAVIT

Comes now _____, the Petitioner in the _____
_____, being first duly sworn, deposes and
says: *[Enter the name of the Petition]*

1. That I, by reason of my poverty, am unable to pay the cost deposit required by O.C.G.A. § 15-9-60, to file a civil case, in the courts of Cobb County.
2. That I am _____ years of age, and my monthly household income is \$ _____.
A copy of my last two pay stubs/unemployment checks/other proof of income source are 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:

Name of Bill	Amount of Bill

6. That I hereby request that I be able to proceed in this action without having to pay filing fees and associated costs.

Petitioner's Signature _____

Petitioner's Printed Name: _____

Petitioner's Address: _____

Petitioner's Telephone Number: _____

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

NOTARY PUBLIC / CLERK PROBATE COURT

My commission expires: _____

(Notary Seal)