

AFFIDAVIT OF INDIGENCY

I, _____, being duly sworn upon by oath, say:

1. I am unable to pay the costs of this action.
2. My family unit consists of _____ people.
3. My family unit has an average monthly income of \$_____, and the source of the income is _____.
4. I receive no income from other sources.
5. My family unit's average monthly expenses are \$_____, which include

_____.
6. I own no real or personal property of more than nominal value.
7. I wish to add the following for consideration.

_____.
8. I understand that a false statement or answer to any questions in this Affidavit may subject me to penalties of perjury.

Affiant

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF
_____, 20_____.

Notary

Commission Expires