

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

Plaintiff

Defendant

CIVIL ACTION
FILE NO. _____

AFFIDAVIT OF INDIGENCE

I, _____, swear or affirm that

I am an indigent and because of my indigent status am unable to pay the costs of this proceeding.

Party Proceeding in Forma Pauperis

Email Address: _____

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

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

Notary Public

Deputy Clerk of Superior Court
Rockdale County