

Case Name: \_\_\_\_\_

Docket Number: \_\_\_\_\_

**EMPLOYMENT**

Are you now employed? \_\_\_ Yes \_\_\_ No \_\_\_ Self Employed

Name & Address of Employer: \_\_\_\_\_

If YES, how much do you earn per month? \$ \_\_\_\_\_

If NO, give month & year of last employment \_\_\_\_\_

How much did you earn per month? \_\_\_\_\_

If married, is your spouse employed? \_\_\_ Yes \_\_\_ No

If YES, how much does your spouse earn per month? \$ \_\_\_\_\_

If a minor under age 21, what is your parents' or guardian's approximate monthly income?  
\$ \_\_\_\_\_

**OTHER INCOME**

Have you received in the past 12 months any income from a business, profession, or other form of self-employment, or in the form of rent, payments, interest, dividends, retirement or annuity payments, or other sources? \_\_\_ Yes \_\_\_ No

If YES, give the amount received and identify sources:

Received	Sources:
_____	_____
_____	_____
_____	_____
_____	_____

**CASH**

Have you any cash on hand or money in savings, a prisoner trust fund account or checking account? \_\_\_ Yes \_\_\_ No

If YES, state total amount \$ \_\_\_\_\_

**PROPERTY**

Do you own any real estate, stock, bonds, notes, automobiles or other valuable property \_\_\_ Yes \_\_\_ No (excluding ordinary household furnishings and clothing?)

If YES, give value and describe it:

Value	Description
_____	_____
_____	_____
_____	_____
_____	_____

**DEPENDENTS**

Marital status: Total No. of Dependents: \_\_\_\_\_

- Single
- Married
- Widowed
- Separated or Divorced

List persons you actually support & your relationship

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**DEBTS & MONTHLY BILLS**

List all creditors, including banks, loan companies, charge accounts, etc.

Creditors:	Total Debt:	Monthly Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

State of Georgia County of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and took an oath that the foregoing is true and correct

\_\_\_\_\_ (Signature of Affiant)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.

(name of person making statement)

Personally Known

Produced Identification

Type and # of ID \_\_\_\_\_

\_\_\_\_\_ (Signature of Notary)

(Seal)

\_\_\_\_\_  
(Name of Notary Typed, Stamped, or Printed)  
Notary Public, State of Georgia