

AFFIDAVIT of SUBSTANTIAL HARDSHIP

Case Number _____

IN THE _____ COURT OF _____ ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: _____ v. _____
Plaintiff(s) Defendant (s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- CIVIL CASE-- 1, because of substantial hardship, am unable to pay the docket fee and service fees i n this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- CIVIL CASE -- (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- CRIMINAL CASE--I am financially unable to hire an attorney and request that the Court appoint one for me.
- DELINQUENCY/NEED OF SUPERVISION - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION 1. AFFIDAVIT

1. IDENTIFICATION

Full Name _____ Date of Birth _____
 Spouse's Full Name (if married) _____
 Complete Home Address _____

 Number of People Living in Household _____
 Home Telephone No. _____
 Occupation/job _____ Length of Employment _____
 Driver's License Number _____ • Social Security Number _____
 Employer _____ Employer's Telephone No. _____
 Employer's Address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

AFDC Food Stamps SSI Medicaid Other _____

3. INCOME / EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ _____
Spouse's Monthly Gross Income (unless a marital offense)	_____
Other Earnings: Commissions, Bonuses, Interest Income, etc.	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation, Social Security, Retirement, etc.	_____
Other income (be specific) _____	_____
TOTAL MONTHLY GROSS INCOME	\$ _____

Monthly Expenses:

A. Living Expenses

Rent/Mortgage	\$ _____
Total Utilities: Gas, Electricity, Water, etc.	_____
Food	_____
Clothing	_____
Health Care/Medical	_____
Insurance	_____
Car Payment(s) /Transportation Expenses	_____
Loan Payment(s)	_____

* OPTIONAL

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Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)	_____
Educational/Employment Expenses	_____
Other Expenses (be specific) _____	_____

Sub-Total A \$ _____

B. Child Support Payment(s) Alimony \$ _____

Sub-Total B \$ _____

C. Exceptional Expenses \$ _____

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) \$ _____

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME \$ _____

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ _____

Equity in Real Estate (value of property less what you owe) _____

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) _____

Other (be specific) Do you own anything else of value? Yes No _____

If so, describe _____

TOTAL LIQUID ASSETS \$ _____

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

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

Affiant's Signature

Judge/Clerk/Notary

Print or Type Name