

**STATE COURT OF FULTON COUNTY
APPLICATION TO ESTABLISH INDIGENCY**

Applicant: _____

Address: _____

City / State / Zip

Phone: _____

I submit the following information to determine my eligibility. False statements or false information will result in a charge of false swearing. I understand that I may be required to pay back all damages due including court costs. I also understand that this information may be used to determine my ability to pay fines, fees, or costs, if I am convicted of any charges.

PERSONAL

Date of Birth: _____

☐ Married ☐ Single

Employed by: _____

Spouse employed by: _____

Month of last employment: _____

Number of children living with you: _____

Other household members and relationship: _____

INCOME (Note: you may be required to provide proof of income including pay stubs or tax returns.)

I and/or my family are currently receiving the following funds:

TANF \$_____ Food Stamps \$_____ Medicaid \$_____ SSI (Supplemental Security Income) \$_____

Gross monthly wage (self)	\$_____	Unemployment	\$_____	Veteran's Benefits	\$_____
Gross monthly wage (spouse)	\$_____	Worker's Comp	\$_____	Child Support	\$_____
Gross monthly wage (others)	\$_____	Pension/Retirement	\$_____	General Assistance	\$_____
(Include all other household members)	\$_____	Social Security	\$_____	Other Income	\$_____
Total All Income	\$_____				

ASSETS (list total values)

Cash on hand/in bank	\$_____	Savings accounts	\$_____	Sporting Equipment	\$_____
Wages not received	\$_____	Stocks/Bonds/Securities	\$_____	(guns, boats, etc.)	\$_____
Money owed to me	\$_____	Interest in Real Estate	\$_____	Personal Property	\$_____
		Motor Vehicles	\$_____	(furniture, appliances, etc.)	\$_____
Total All Assets	\$_____				

MONTHLY DEBTS (Paid per month)

Rent/Mortgage	\$_____	Gas	\$_____	Credit Cards	\$_____	Alimony	\$_____
Utilities	\$_____	Groceries	\$_____	Collections	\$_____	Courts	\$_____
Telephone	\$_____	Cable/Sat TV	\$_____	Dependent Care	\$_____	Attorneys	\$_____
Car Payment	\$_____	Doctor/Hospital	\$_____	Child Support	\$_____	Other Debts	\$_____
Total All Debts	\$_____						

SIGNATURE OF APPLICANT

JUDGE

APPROVED ☐

DENIED ☐

Date _____

**MAGISTRATE COURT OF FULTON COUNTY
APPLICATION TO ESTABLISH INDIGENCY**

Applicant: _____

Address: _____

City / State / Zip

Phone: _____

I submit the following information to determine my eligibility. False statements or false information will result in a charge of false swearing. I understand that I may be required to pay back all damages due including court costs. I also understand that this information may be used to determine my ability to pay fines, fees, or costs, if I am convicted of any charges.

PERSONAL

Date of Birth: _____

☐ Married ☐ Single

Employed by: _____

Spouse employed by: _____

Month of last employment: _____

Number of children living with you: _____

Other household members and relationship: _____

INCOME (*Note: you may be required to provide proof of income including pay stubs or tax returns.*)

I and/or my family are currently receiving the following funds:

TANF	\$ _____	Food Stamps	\$ _____	Medicaid	\$ _____	SSI (Supplemental Security Income)	\$ _____
Gross monthly wage (self)	\$ _____	Unemployment	\$ _____	Veteran's Benefits	\$ _____		
Gross monthly wage (spouse)	\$ _____	Worker's Comp	\$ _____	Child Support	\$ _____		
Gross monthly wage (others)	\$ _____	Pension/Retirement	\$ _____	General Assistance	\$ _____		
(Include all other household members)	\$ _____	Social Security	\$ _____	Other Income	\$ _____		
Total All Income	\$ _____						

ASSETS (*list total values*)

Cash on hand/in bank	\$ _____	Savings accounts	\$ _____	Sporting Equipment	\$ _____
Wages not received	\$ _____	Stocks/Bonds/Securities	\$ _____	(guns, boats, etc.)	_____
Money owed to me	\$ _____	Interest in Real Estate	\$ _____	Personal Property	\$ _____
	_____	Motor Vehicles	\$ _____	(furniture, appliances, etc.)	_____
Total All Assets	\$ _____				

MONTHLY DEBTS (*Paid per month*)

Rent/Mortgage	\$ _____	Gas	\$ _____	Credit Cards	\$ _____	Alimony	\$ _____
Utilities	\$ _____	Groceries	\$ _____	Collections	\$ _____	Courts	\$ _____
Telephone	\$ _____	Cable/Sat TV	\$ _____	Dependent Care	\$ _____	Attorneys	\$ _____
Car Payment	\$ _____	Doctor/Hospital	\$ _____	Child Support	\$ _____	Other Debts	\$ _____
Total All Debts	\$ _____						

SIGNATURE OF APPLICANT

JUDGE

APPROVED ☐

DENIED ☐

Date _____