

**IN THE CHANCERY COURT FOR DAVIDSON COUNTY, TENNESSEE  
TWENTIETH JUDICIAL DISTRICT**

\_\_\_\_\_) )  
(PLAINTIFF) ) )  
VS. ) ) CASE NO. \_\_\_\_\_ ) )  
\_\_\_\_\_) )  
(DEFENDANT) ) )

**UNIFORM CIVIL AFFIDAVIT OF INDIGENCY**

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I, \_\_\_\_\_, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the expenses of this cause and that I am justly entitled to the relief sought to the best of my belief. The following facts support my poverty.

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_
5. Names and Ages of All Dependents:  
\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_
6. I am employed by: \_\_\_\_\_  
My employer's address is: \_\_\_\_\_  
My employer's telephone number is: \_\_\_\_\_
7. My present income, after federal income and social security taxes are deducted, is:  
\$ \_\_\_\_\_ per week or \$ \_\_\_\_\_ per month.
8. I receive or expect to receive money from the following sources:  
AFDC \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
SSI \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
Retirement \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
Disability \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
Worker's Compensation \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
Other \$ \_\_\_\_\_ per month beginning \_\_\_\_\_

9. My expenses are:

Rent/House Payment \$ \_\_\_\_\_ per month  
Groceries \$ \_\_\_\_\_ per month  
Electricity \$ \_\_\_\_\_ per month  
Water \$ \_\_\_\_\_ per month  
Gas \$ \_\_\_\_\_ per month  
Transportation \$ \_\_\_\_\_ per month  
Medical/Dental \$ \_\_\_\_\_ per month  
Telephone \$ \_\_\_\_\_ per month  
School Supplies \$ \_\_\_\_\_ per month  
Clothing \$ \_\_\_\_\_ per month  
Child Care  
or Court-Ordered Child Support \$ \_\_\_\_\_ per month  
Other \$ \_\_\_\_\_ per month

10. Assets:

Automobile \$ \_\_\_\_\_ (Fair Market Value)  
Checking/Savings Account \$ \_\_\_\_\_  
House \$ \_\_\_\_\_ (Fair Market Value)  
Other \$ \_\_\_\_\_

11. My Debts are:

Amount Owed	To Whom
_____	_____
_____	_____
_____	_____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

\_\_\_\_\_  
PLAINTIFF