

**AFFIDAVIT OF SUBSTANTIAL
HARDSHIP AND ORDER**
(Section 12-19-70, Ala. Code 1975)

Court Case Number

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

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

TYPE OF PROCEEDING: _____

CIVIL (CV, DV, DR, SM) CASE -- I, because of financial hardship, am unable to pay the docket fee in this case. I request that payment of this fee be waived initially and taxed as a cost at the conclusion of the case.

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

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

Number of People Living in Household _____
Telephone Number (Cell) _____ (Home) _____ (Other) _____
State & Last 4 Digits of Driver License's Number _____ Last 4 Digits of Social Security Number _____
Employer's Name & Address _____ Employer's Telephone Number _____

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)

Temporary Assistance for Needy Families (TANF) Food Stamps Medicaid
Social Security Income (SSI) Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income \$ _____
Spouse's Monthly Gross Income (unless a marital offense) \$ _____
Other Monthly Earnings: Commissions, Bonuses, Interest Income, etc. \$ _____
Monthly Contributions from Other People Living in Household \$ _____
Monthly Unemployment / Worker's Compensation, Social Security, Retirements, etc. \$ _____
Other Monthly 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) \$ _____
Credit Card Payment(s) \$ _____
Educational/Employment Expenses \$ _____
Other Expenses (be specific) \$ _____

Subtotal \$ _____

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

C. Exceptional Expenses (Subtotal) \$ _____

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

Total Gross Monthly Income Less Total Monthly Expenses \$ _____

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4. 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, furnishing, jewelry, tools, guns, less what you owe)	\$ _____
Other (be specific)	\$ _____
Do you own anything else of value? Yes No	
(land, house, boat, TV, stereo, jewelry)	
If so, describe _____	\$ _____
Total 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 obtain records of information pertaining to my financial status from any source in order to verify information provide 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, in addition to all or part of the costs associated with this case.

Sworn to and subscribed before me this

_____ day of _____, _____

(Affiant's Signature)

(Judge/Clerk/Notary)

(Print or Type Name)

ORDER OF COURT

SECTION II

IT IS, THEREFORE, ORDERED AND ADJUDGED BY THE COURT AS FOLLOWS:

Affiant is not indigent and the request for waiver of prepayment of docket fees is DENIED because this Court finds that the Affiant has the resources to pay the docket fees without substantial hardship as follows:

The prepayment of docket fees is waived and taxed as costs at the conclusion of the case because this Court finds that payment of the docket fees will constitute a substantial hardship for the reason that the Affiant has:

an income level at or below 125% of the United States poverty level as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services;

an income level greater than 125%, but at or below 200%, of the more recently revised poverty income guidelines published by the United States Department of Health and Human Services.

IT IS FURTHER ORDERED AND ADJUDGED that this Court reserves the right and may order reimbursement of docket fees.

Done this _____
(Date)

(Signature of _____, Judge)
(Printed Name)