

**AFFIDAVIT OF SUBSTANTIAL
HARDSHIP AND ORDER**
(Request to Waive Filing Fees)

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

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

I, because of financial hardship, am unable to pay the fees and costs in this case. I request that payment of these fees and costs be waived initially and taxed as costs at the conclusion of the case.

AFFIDAVIT

1. IDENTIFICATION

Full Name _____ Date of Birth _____
Spouse's Full Name (if married) _____
Complete Home Address _____
Total Number of People I am Supporting Financially in Household Including Myself _____
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

Some of the residents in my household or I receive benefits from any of the following sources (*check those which apply*)

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

The monthly value of these benefits combined is \$ _____.

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

My monthly gross income is \$ _____
My spouse's monthly gross income (unless a marital offense) is \$ _____
My other monthly earnings (commissions, bonuses, interest income, etc.) are \$ _____
The combined monthly income received by other members of my household is \$ _____
Monthly Unemployment / Worker's Compensation, Social Security, Retirements, etc. \$ _____
Child Support Payment(s)/Alimony Received \$ _____
Other Monthly Income (*be specific*): _____ \$ _____
3a. TOTAL MONTHLY GROSS INCOME \$ _____

The Monthly Expenses I pay are:

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 \$ _____
Cell Phone Expenses \$ _____
Other Expenses (*be specific*): _____ \$ _____

3b. Subtotal \$ _____

3c. Child Support Payment(s)/Alimony (Subtotal) \$ _____

3d. Exceptional Expenses (Subtotal) \$ _____

3e. TOTAL MONTHLY EXPENSES (Add totals from 3b., 3c., & 3d. monthly only) \$ _____

Total Monthly Gross Income (3a.) Minus Total Monthly Expenses (3e.) \$ _____

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4. Assets

My assets are as follows:

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, TV, electronics, 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 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, 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)

(Signature of Officer Authorized to Administer Oaths/Notary Public)

(Print or Type Name)

(Notary Public Only: My Commission expires on _____ (Date)).

**ORDER ON AFFIDAVIT OF
SUBSTANTIAL HARDSHIP**
(Request to Waive Filing Fees)

Court Case Number

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

_____ v. _____

The Court has considered the Affiant's testimony, his or her poverty level as measured by the United States poverty guidelines and the potential for substantial hardship that payment by the Affiant would cause. IT IS, THEREFORE, ORDERED AND ADJUDGED BY THE COURT AS FOLLOWS:

The request is DENIED.

The Court finds that the Affiant is **NOT INDIGENT** and the Affiant's income is not within the United States poverty guidelines or the Affiant has the resources to pay for the requested items without substantial hardship:

The case or situation is not one for which the request is applicable.

Other (please specify): _____

The Affiant is INDIGENT. Therefore, the prepayment of filing fees and costs is hereby waived, and these fees and costs shall be taxed at the conclusion of the case.

Other (please specify): _____

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of expenses, fees, and costs.

Done this _____
(Date)

(Signature of _____, Judge)
(Printed Name)