

\$ _____ each (check **one**): week month Other: _____

④ **Other Income:** List **any** other income that you get now or expect to get.

| Source of Income | How much do you get? | Source of Income | How much do you get? |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> AFDC | \$ _____ / month | <input type="checkbox"/> Unemployment | \$ _____ / month |
| <input type="checkbox"/> Social Security | \$ _____ / month | <input type="checkbox"/> Worker's Comp. | \$ _____ / month |
| <input type="checkbox"/> Retirement | \$ _____ / month | <input type="checkbox"/> Other* | \$ _____ / month |
| <input type="checkbox"/> Disability | \$ _____ / month | <input type="checkbox"/> SSI | \$ _____ / month |

* Explain source of Other income here.

Other: _____

⑤ **Assets:** List all assets that you own separately, with your spouse or with someone else:

| | Fair Market Value | - Money still owed | = |
|--|-------------------|--------------------|----------------|
| 1. Car, truck, or other vehicle | | | \$ _____ |
| 2. Other car, truck, or other vehicle | | | \$ _____ |
| 3. House, condominium, land | | | \$ _____ |
| 4. Other house, condominium, land | | | \$ _____ |
| List all bank/financial accounts below: | | | |
| Bank name | | | Balance |
| 5. | | | \$ _____ |
| 6. | | | \$ _____ |
| 7. Cash | | | \$ _____ |
| Total: | | | \$ _____ |

Other: _____

⑥ **Expenses:**

| | How much each month? | | How much each month? |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Rent/House Payment | \$ _____ | <input type="checkbox"/> Gas | \$ _____ |
| <input type="checkbox"/> Phone | \$ _____ | <input type="checkbox"/> Child Care | \$ _____ |
| <input type="checkbox"/> Groceries | \$ _____ | <input type="checkbox"/> Court-ordered Child Support | \$ _____ |
| <input type="checkbox"/> School Supplies | \$ _____ | <input type="checkbox"/> Transportation | \$ _____ |
| <input type="checkbox"/> Electricity | \$ _____ | <input type="checkbox"/> Medical/Dental | \$ _____ |
| <input type="checkbox"/> Clothing | \$ _____ | <input type="checkbox"/> Other | \$ _____ |

| | | | |
|--------------------------------|----------|--------------------------------|----------|
| <input type="checkbox"/> Water | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
|--------------------------------|----------|--------------------------------|----------|

⑦ **Debts:**

| Who do you owe? | How much do you owe? | Who do you owe? | How much do you owe? |
|-----------------|----------------------|-----------------|----------------------|
| 1. | \$ _____ | 4. | \$ _____ |
| 2. | \$ _____ | 5. | \$ _____ |
| 3. | \$ _____ | 6. | \$ _____ |

⑧ I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

Sign here: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public or Deputy Clerk

My Term Expires

IMPORTANT!

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms.

Complete the subpoena as soon as possible so the sheriff can serve them before court.

The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.

DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT.

- The court **denies** this Request because (judge will check all that apply):
 - The applicant did not prove s/he cannot afford to pay costs associated with this case at this time.
 - The applicant did not go to the court hearing for this case. This Request is dismissed.
 - The applicant must pay court costs of: \$ _____



- The court **approves** this Request and the applicant may file without paying the filing fees or costs at this time.

Judge's signature: _____ Date: _____

NOTICE:

If the judge determines that you are not eligible to postpone filing fees, you have the right to a hearing before the judge. Or in cases that can be appealed to circuit court, a hearing before the circuit court judge.