



\$ \_\_\_\_\_ 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			\$ _____
<b>List all bank/financial accounts below:</b>			
<b>Bank name</b>			<b>Balance</b>
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	\$ _____
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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.**