



Tennessee Department of Safety & Homeland Security

DOS CASE NO.: _____

UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

INSTRUCTIONS:

- Please fill out all sections. If a part does not apply to you, put "N/A" on the line.
- An attorney representing you "for a fee" means that you have paid a retainer or entered into an agreement to pay an attorney to represent you in this matter.
- If you indicate that you have no income for the past 12 months, your application may be denied.
- If the form is not notarized, it will be considered incomplete and will be denied.
- All three pages of the form must be completed and you must sign on page three.

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

1. CURRENT EMPLOYMENT **Not Applicable**
 Current Employer: _____
 Employer's Address: _____
 Employer's Phone Number: (_____) _____ - _____

2. **PRESENT INCOME** or **LAST 12 MONTH PERIOD**, after federal income and social security taxes are deducted:
 (Please circle one)
 \$ _____ per week -OR- \$ _____ per month

3. INCOME FROM ADDITIONAL SOURCES **Not Applicable**

AFDC	\$ _____ per month beginning _____
SSI	\$ _____ per month beginning _____
Retirement	\$ _____ per month beginning _____
Disability	\$ _____ per month beginning _____
Unemployment	\$ _____ per month beginning _____
Worker's Comp	\$ _____ per month beginning _____
Other: _____	\$ _____ per month beginning _____

4. COMPLETE FOR EVERYONE IN YOUR HOUSEHOLD, INCLUDING YOURSELF.
 "N/A" or "zero" will not be accepted. You must include any and all income.

FIRST	MI	LAST	RELATIONSHIP	AGE	MONTHLY INCOME	SOURCE OF INCOME
			SELF			

5. Has a private attorney been hired to represent you for a fee in this civil seized property matter?
 YES NO

6. ASSETS **Not Applicable**
- Automobile** \$ _____ (Fair Market Value)
- Checking/Savings Account** \$ _____
- House** \$ _____ (Fair Market Value)
- Other:** _____ \$ _____

7. DEBTS **Not Applicable**

AMOUNT OWED	ON WHAT/TO WHOM

8. ANY ADDITIONAL INFORMATION/EXTRAORDINARY CIRCUMSTANCES YOU WOULD LIKE TO PROVIDE:

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. I also understand that **fraudulent misrepresentation or lying** will result in my claim being dismissed.

This form must be signed in the presence of a notary or your petition will not be accepted.

X _____
PETITIONER

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

NOTARY PUBLIC'S SIGNATURE

MY COMMISSION EXPIRES