

### AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Case Number \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, ALABAMA  
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: \_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: \_\_\_\_\_ CHARGE(s) (if applicable): \_\_\_\_\_

- CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.
- CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.
- DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

#### 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 \_\_\_\_\_  
 Home telephone number \_\_\_\_\_  
 Occupation/Job \_\_\_\_\_ Length of employment \_\_\_\_\_  
 Driver's license number \_\_\_\_\_ \*Social Security Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer's telephone number \_\_\_\_\_  
 Employer's address \_\_\_\_\_  
 \_\_\_\_\_

###### 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)  
 AFDC     Food Stamps     SSI     Medicaid     Other \_\_\_\_\_

###### 3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:  
 Monthly Gross Income \$ \_\_\_\_\_  
 Spouse's Monthly Gross Income (unless a martial offense) \_\_\_\_\_  
 Other Earnings: Commissions, Bonuses, Interest Income, etc, \_\_\_\_\_  
 Contributions from Other People Living in Household \_\_\_\_\_  
 Unemployment/Workmen's Compensation, \_\_\_\_\_  
 Social Security, Retirements, etc, \_\_\_\_\_  
 Other 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) \_\_\_\_\_

\*OPTIONAL

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Monthly Expenses:(cont'd page1)

Credit Card Payment(s) \_\_\_\_\_  
 Educational/Employment Expenses \_\_\_\_\_  
 Other Expenses (be specific) \_\_\_\_\_

**Sub-Total** A \$ \_\_\_\_\_

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

**Sub-Total** B \$ \_\_\_\_\_

C. Exceptional Expenses \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)** \$ \_\_\_\_\_

**Total Gross Monthly Income Less total monthly expenses:**

**DISPOSABLE MONTHLY INCOME** \$ \_\_\_\_\_

4. LIQUID 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 LIQUID 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,

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Judge/Clerk/Notary

\_\_\_\_\_  
 Affiant's Signature

\_\_\_\_\_  
 Print or Type Name