

_____ COUNTY, TENNESSEE

IN THE MATTER OF:

Conservatorship for: _____)
Respondent _____) Docket No. _____
_____)
_____)

UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

.....

(To be completed by Respondent, if able or a Representative on his /her behalf)

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

1. Full name: _____

2. Address: _____

3. Telephone number: _____

4 Date of birth: _____

5. Names and ages of dependents:

a. _____ Relationship: _____

b. _____ Relationship: _____

c. _____ Relationship: _____

6. I am employed by: _____

7. My present weekly take home pay is: \$ _____

8. I am not employed but receive or expect to receive money from the following sources:

AFDC: \$ _____ per month beginning: _____

SSI: \$ _____ per month beginning: _____

Retirement: \$ _____ per month beginning: _____

Disability: \$ _____ per month beginning: _____

Unemployment: \$ _____ per month beginning: _____

Worker's compensation: \$ _____ per month beginning: _____

Other: \$ _____ per month beginning: _____

9. **My expenses are:**

Rent/house payment:	\$ _____	per month
Groceries:	\$ _____	per month
Electricity:	\$ _____	per month
Water:	\$ _____	per month
Gas:	\$ _____	per month
Transportation:	\$ _____	per month
Medical:	\$ _____	per month
Telephone:	\$ _____	per month
Other:	\$ _____	per month

10. **Assets:**

Automobile:	\$ _____
Checking/savings account:	\$ _____
House:	\$ _____
Other:	\$ _____

11: **My debts are:**

Amount owed:	To whom:
\$ _____	_____
\$ _____	_____
\$ _____	_____

I hereby declare under the penalty of perjury that the forgoing answers are true, correct and complete and that I am financially unable to pay the costs of this action.

Respondent OR Representative

Date

Subscribed and sworn to before me this ____ day of _____ 20__.

NOTARY PUBLIC

Place seal here

My commission expires: _____