

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_  
Petitioner §  
§ **HABEAS CORPUS**  
\_\_\_\_\_  
Inmate Number § Civil Action No. \_\_\_\_\_  
vs. §  
\_\_\_\_\_  
Warden §  
\_\_\_\_\_  
(Name of Institution) Respondent §

I, \_\_\_\_\_, depose and say that I am the plaintiff in the above entitled case; that in support of my request to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.  
I further swear that the responses which I have made to questions and instructions below are true.

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If the answer is "Yes", state the amount of your salary or wages per month, and give the name and address of your employer : \_\_\_\_\_  
\_\_\_\_\_

If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received : \_\_\_\_\_  
\_\_\_\_\_

Have you received within the past twelve months any money from any of the following sources?

Business, profession or form of self-employment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pensions, annuities or life insurance payments? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Rent payments, interest or dividends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Gifts or inheritances? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Any other sources? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any of the above is "Yes", describe each source of money and state the amount received from each source during the past twelve months:

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Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts): \_\_\_\_ Yes \_\_\_\_ No

If the answer is "Yes", state the total value of the items owned: \_\_\_\_\_

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Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? \_\_\_\_ Yes \_\_\_\_ No

If the answer is "Yes", describe the property and state its approximate value :

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List the persons who are dependent upon you for financial support, state your relationship to those persons, and indicate how you contribute toward their support :

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I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury and that state law provides as follows:

A person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, he knowingly and willfully makes a false statement material to the issue on point in question.

A person convicted of the offense of perjury shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than ten years, or both. O.C.G.A. §16-10-70.

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Signature of Petitioner

Date

**VERIFICATION**

I am the plaintiff in this action and know the content of the above Request to Proceed in Forma Pauperis. I verify that the answers I have given are true of my own knowledge, except as to those matters that are stated in it on my information and belief, and as to those matters I believe them to be true. I have read the perjury statute set out above and am aware of the penalties for giving any false information on this form.

\_\_\_\_\_  
Signature of Affiant Petitioner

\_\_\_\_\_  
Date

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE**

**CERTIFICATION**

I hereby certify that the Plaintiff herein, \_\_\_\_\_

has an average monthly balance for the last twelve (12) months of \$ \_\_\_\_\_ on account at the \_\_\_\_\_ institution where confined. (If not confined for a full twelve (12) months, specify the number of months confined. Then compute the average monthly balance on that number of months.)

I further certify that Plaintiff likewise has the following securities according to the records of said institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Officer of Institution

\_\_\_\_\_  
Date

**NOTE:** Please attach a copy of the prisoners's inmate account of the last (12) months or the period of incarceration, whichever is less