

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE _____ OF
_____ and _____

CAUSE NO. _____

**AFFIDAVIT FOR COMMENCEMENT OF SUIT
WITHOUT PREPAYMENT OF FEES**

STATE OF MISSISSIPPI
COUNTY OF _____

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named, _____, who having been by me first duly sworn, stated as follows:

I, _____, do solemnly swear that I am a citizen of the State of Mississippi, and because of my poverty, I am not able to pay the costs or give security for the same in the suit which I am about to commence and that, to the best of my belief, I am entitled to the redress which I seek by such suit.

CLIENT'S SIGNATURE

SWORN TO AND SUBSCRIBED before me, this the ____ day of
_____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

INCOME QUESTIONNAIRE

Name of Petitioner _____

How many people live with the petitioner? _____

What are their relationships to the petitioner?

Please fill in the amount received each **month** by each person in the household for each category:

	<u>Husband</u>	<u>Petitioner</u>	<u>Wife</u>	<u>Other</u>
Salary	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Welfare	_____	_____	_____	_____
A.D.F.C.	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
S.S.I.	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
V.A. Benefits	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Other	_____	_____	_____	_____
Totals:	_____	_____	_____	_____

Total Monthly Household Income: _____

This is a true and accurate statement of petitioner's monthly income.

Signed: _____

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

NOTARY

My Commission Expires:
