

(TYPE OR PRINT IN BLACK INK)  
**STATE OF NORTH CAROLINA**

File No.

County

In The General Court Of Justice  
 District  Superior Court Division

Name Of Applicant \_\_\_\_\_  
Street Number And Street Name, Including Apartment Or Unit Number If Applicable \_\_\_\_\_  
City, State And Zip Code \_\_\_\_\_  
Full Permanent Mailing Address Of Applicant (If Different Than Above) \_\_\_\_\_  
Telephone Number Of Applicant \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Plaintiff  Defendant  
Full Social Security No. \_\_\_\_\_  Has No Social Security No.

**CIVIL AFFIDAVIT OF INDIGENCY**

G.S. 7A-450 et seq.

MONTHLY INCOME (money you make)		MONTHLY EXPENSES (money you pay out)	
Employment - Applicant	\$	Number Of Dependents	_____
Name And Address Of Applicant's Employer (If not employed, state reason; if self-employed, state trade)		Shelter <input type="checkbox"/> Buying <input type="checkbox"/> Renting	\$
Other Income (Welfare, Food Stamps, S/S, Pensions, etc.)	\$	Food (including Food Stamps)	\$
Employment - Spouse	\$	Utilities (power, water, heating, phone, cable, etc.)	\$
Name And Address Of Spouse's Employer		Health Care	\$
		Installment Payments <input type="checkbox"/> Vehicle <input type="checkbox"/> Other	\$
		Car Expenses (gas, insurance, etc.)	\$
		Support Payments	\$
		Other: (specify)	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

DESCRIPTION OF ASSETS AND LIABILITIES	ASSETS (things you own)	LIABILITIES (amounts you owe)
Cash On Hand And In Bank Accounts (List Name Of Bank & Account No.)	\$	
Money Owed To Or Held For Applicant	\$	
Motor Vehicles (List Make, Model, Year)	(Fair Market Value) \$	(Balance Due) \$
Real Estate	(Fair Market Value) \$	(Balance Due) \$
Personal Property	(Fair Market Value) \$	(Balance Due) \$
Other Debts		\$
Last Income Tax Filed 20 _____ <input type="checkbox"/> Refund <input type="checkbox"/> Owe	\$	\$
Other	\$	\$
<b>Total Assets And Liabilities</b>	<b>\$</b>	<b>\$</b>

Bond Type \_\_\_\_\_ Amount \$ \_\_\_\_\_ By Whom Posted \_\_\_\_\_

**NOTE:** Read the notice on the reverse side before completing this form.

## NOTICE TO PERSONS REQUESTING INDIGENCY OR PARTIAL INDIGENCY DESIGNATION

1. When answering the questions on the Affidavit Of Indigency (*reverse side of this form*), please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Do not ask the interviewer for any advice or opinion concerning your case.
2. **A designation of indigency relieves your obligation to pay all of the arbitration fee. A designation of partial indigency requires you to pay your appropriate percentage of your pro rata share of the arbitration fee prior to arbitration. Failure to pay the arbitration fee will result in the entry of a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund and/or North Carolina Lottery winnings may be taken.**
3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for an indigency designation. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony.").

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to pay all or part of the arbitration fees prior to the arbitration. I now request that I be designated indigent or partially indigent. I authorize the Court to contact my creditors, employers, or family members, any government agencies or any other entities listed below concerning my eligibility for such designation.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for such designation upon request of the Court.

*Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information*

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>
<i>Date</i>	<i>Signature</i>	<i>Signature Of Applicant</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> <input type="checkbox"/> <i>Magistrate</i>		<i>Name Of Applicant (Type Or Print)</i>
<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	<input type="checkbox"/> <i>Plaintiff</i> <input type="checkbox"/> <i>Defendant</i>
<b>SEAL</b>	<i>County Where Notarized</i>	