

HOWARD CIRCUIT/SUPERIOR COURT
HOWARD COUNTY STATE OF INDIANA
KOKOMO, INDIANA

Affidavit of Poverty

Cause Number _____

Petitioner

VS

Respondent

Address

Address

City, State & Zip

City, State & Zip

Telephone Number

Telephone Number

Petitioner, name and address above.

- 1.) He/She has a total of \$ _____ in income per month;
- 2.) Because of poverty he/she is unable to pay the costs of this action or give security by way of deposit.

WHEREFORE, Petitioner prays for leave to commence this action without advancing costs or giving security by way of deposit.

I affirm, under the penalties for perjury, the foregoing representations are true.

Petitioner

ORDER

The Court, having examined the Affidavit of Poverty filed herein, now ORDERS filing fees and all other court costs waived.

Dated

Judge Howard Circuit/Superior Court