| County In The General Court Of Justice Superior Court Division | (TYPE OR PRINT IN BLACK INK) | | | | File No. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|-------------------------|----------|---------------------------------------------------------------------------------------------------------------------|--------------|---------------------|--|
| Street Number And Street Name, Including Apartment Or Unit Number If Applicable | STATE OF NORTH CAROLINA County | | | | | | | |
| CIVIL AFFIDAVIT OF INDIGENCY The understand the content of the content of the tent of the with the United States Armed Forces? CIVIL AFFIDAVIT OF INDIGENCY CIVIL AFFIDACE CIVIL AFFIDAVIT OF INDIGENCY CIVIL AFFIDATE CIVIL AFFIDAVIT OF INDIGENCY CIVIL AFFIDACE CIVIL AFFIDAVIT OF INDIGENCY CIVIL AFF | Name Of Applicant | | | | | | | |
| Telephone Number Of Applicant Date Of Birth | Street Number And Street Name, Includi | ng Apartment O | r Unit Number If Applic | able | | | | |
| G.S. 7A-450 et s Plaintiff | | | | | CIVIL AFFIDAVIT OF INDIGENCY | | | |
| Plaintiff | Telephone Number Of Applicant | Date Of Birth | 1 | | | | G.S. 7A-450 et seq. | |
| Employment - Applicant Name And Address Of Applicant's Employer (If not employed, state reason; if self-employed, state trade) Shelter Buying Renting S Food (including Food Stamps) Utilities (power, water, heating, phone, cable, etc.) Shelter Of Dependents Vehicle Of them Car Expenses (gas, insurance, etc.) Support Payments Other: (specify) S Total Monthly Income S DESCRIPTION OF ASSETS AND LIABILITIES Cash On Hand And In Bank Accounts (list name of bank and account type do ngt list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate S (Fair Market Value) S (Balance Due) S Cher (Fair Market Value) S (Balance Due) S Cher Char Specify S (Balance Due) S (Balance Due) S Char Income Tax Filed 20 Refund Owe S Bond Type Amount By Whom Posted | Plaintiff Defendant | | | | Applicant: (answering this question is optional) Have you ever served in the United States Armed Forces? ☐ Yes ☐ No | | | |
| Name And Address Of Applicant's Employer (If not employed, state reason, if self-employed, state trade) Shelter Buying Rentling \$ | MONTHLY INCOM | IE (money | you make) | | MONTHLY EXPENSES | S (money you | pay out) | |
| Food (including Food Stamps) \$ | Employment - Applicant | | \$ | | Number Of Dependents | | | |
| Utilities (power, water, heating, phone, cable, etc.) \$ Composition SyS, Pensions, etc.) Standard Sys, Pensions, etc | Name And Address Of Applicar (If not employed, state reason; if se | nt's Employer If-employed, s | tate trade) | | Shelter Buying Renting | \$ | | |
| Other Income (Welfare Food Stamps, SR, Pensions, etc.) Employment - Spouse Name And Address Of Spouse's Employer Name And Address Of Spouse's Employer Frotal Monthly Income STOTAL Monthly Income STOTAL Monthly Expenses DESCRIPTION OF ASSETS AND LIABILITIES Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate S(Fair Market Value) S(Fair Market Value) S(Balance Due) S(Balance Due) S(Balance Due) S(Fair Market Value) S(Balance Due) S(Balan | | | | | Food (including Food Stamps) | \$ | | |
| Installment Payments September Provided September Septembe | | | | | Utilities (power, water, heating, phone, cable, etc.) | \$ | | |
| Support Payments Support Pay | Other Income (Welfare, Food Star | mps, | \$ | | | \$ | | |
| Support Payments Other: (specify) \$ Total Monthly Income \$ \$ Total Monthly Expenses \$ DESCRIPTION OF ASSETS AND LIABILITIES (ASSETS (things you own)) Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate \$ (Fair Market Value) \$ (Balance Due) (Balance Due) * Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) \$ (Fair Market Value) \$ (Balance Due) Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) \$ (Fair Market Value) \$ (Balance Due) Cash On Hand For Applicant \$ (Fair Market Value) \$ (Balance Due) Cash On Hand For Applicant \$ (Balance Due) Cash On Hand For Applicant \$ (Balance Due) Cash Cash Cash Cash Cash Cash Cash Cash | | / | \$ | | | \$ | | |
| Total Monthly Income \$ Total Monthly Expenses DESCRIPTION OF ASSETS AND LIABILITIES Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate \$ (Fair Market Value) (Balance Due) | Name And Address Of Spouse' | s Employer | L | | Car Expenses (gas, insurance, etc.) | \$ | | |
| Total Monthly Income \$ Total Monthly Expenses DESCRIPTION OF ASSETS AND LIABILITIES (things you own) | | | | | Support Payments | \$ | | |
| DESCRIPTION OF ASSETS AND LIABILITIES Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate \$ (Fair Market Value) \$ (Fair Market Value) \$ (Fair Market Value) \$ (Balance Due) \$ Other Debts Last Income Tax Filed 20 Refund Owe S Other | | | | | Other: (specify) | \$ | | |
| DESCRIPTION OF ASSETS AND LIABILITIES Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate \$ (Fair Market Value) \$ (Fair Market Value) \$ (Fair Market Value) \$ (Balance Due) \$ Other Debts Last Income Tax Filed 20 Refund Owe S Other | Total Monthly Income | | \$ | | Total Monthly Expenses | \$ | | |
| Cash On Hand And In Bank Accounts (list name of bank and account type, do not list account no.) Money Owed To Or Held For Applicant Motor Vehicles (list make, model, year) Real Estate Real Estate Personal Property Other Debts Last Income Tax Filed 20 Refund Owe Other Short Amount Owe Short | | SSETS ANI | | | ASSETS | | BILITIES | |
| Motor Vehicles (list make, model, year) Real Estate Personal Property Other Debts Last Income Tax Filed 20 Refund Owe Other Total Assets And Liabilities Bond Type Amount (Fair Market Value) \$ (Fair Market Value) \$ (Balance Due) \$ (Balance Due) | Cash On Hand And In Bank Ac | | | nt type, | | (amoun | ts you owe) | |
| Real Estate \$ (Fair Market Value) \$ (Balance Due) \$ Personal Property \$ (Fair Market Value) \$ (Balance Due) \$ Other Debts \$ \$ Last Income Tax Filed 20 | Money Owed To Or Held For A | pplicant | | | \$ | | | |
| Real Estate \$ \$ \$ \$ Personal Property \$ \$ \$ Other Debts \$ \$ Last Income Tax Filed 20 Refund Owe \$ \$ Other \$ \$ Total Assets And Liabilities \$ \$ \$ Bond Type Amount By Whom Posted | Motor Vehicles (list make, model, y | vear) | | | | | ance Due) | |
| Personal Property \$ \$ \$ Other Debts \$ \$ Last Income Tax Filed 20 Refund Owe \$ \$ Other \$ \$ Total Assets And Liabilities \$ \$ Bond Type Amount By Whom Posted | Real Estate | | | | | | ance Due) | |
| Last Income Tax Filed 20 Refund Owe \$ \$ Other \$ \$ Total Assets And Liabilities \$ \$ Bond Type Amount By Whom Posted | Personal Property | | | | | · | ance Due) | |
| Other \$ \$ \$ Total Assets And Liabilities \$ \$ Bond Type Amount By Whom Posted | Other Debts | | | | | \$ | | |
| Other \$ \$ \$ Total Assets And Liabilities \$ \$ Bond Type Amount By Whom Posted By Who | Last Income Tax Filed 20 Refund Owe | | | | \$ | \$ | | |
| Bond Type Amount By Whom Posted | | | — — | | \$ | \$ | | |
| | Total Assets And Liabilities | | | | \$ | \$ | | |
| | 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. Please wait and speak with your lawyer. 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

| SWORN/AFFIRM | MED AND SUBSCRIBED TO BEFORE ME | Date | |
|--------------|-------------------------------------------------|-----------------------------------|-----------|
| Date | Signature | Signature Of Applicant | |
| Deputy CSC A | ssistant CSC Clerk Of Superior Court Magistrate | Name Of Applicant (type or print) | |
| Notary | Date My Commission Expires | ☐ Plaintiff | Defendant |
| SEVI | County Where Notarized | | |