

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number:

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff:

(Print first and last name of the person filing the lawsuit.)

In the

(check one):

And

Court
Number

District Court
County Court / County Court at Law
Justice Court

Defendant:

(Print first and last name of the person being sued.) County

Texas

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: _____ My date of birth is: ____/____/____
First Middle Last Month/Day/Year

My address is: *(Home)* _____
(Mailing) _____

My phone number: _____ My email: _____

About my **dependents**: "The people who depend on me financially are listed below.

<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		

2. Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)

Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: *(List only if other members contribute to your household income.)*

\$ _____ from

Retirement/Pension	Tips, bonuses	Disability	Worker's Comp
Social Security	Military Housing	Dividends, interest, royalties	
Child/spousal support			

 My spouse's income or income from another member of my household *(If available)*

\$ _____ from other jobs/sources of income. *(Describe)* _____

\$ _____ is my **total monthly** income.

5. What is the value of your property?

"My property includes:	Value*
Cash	\$ _____
Bank accounts, other financial assets	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) <i>(make and year)</i>	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property	\$ _____

6. What are your monthly expenses?

"My monthly expenses are:	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: <i>(List)</i>	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: *(List debt and amount owed)* _____

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

I cannot afford to pay court costs.

I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is _____ . My date of birth is : ____ / ____ / ____ .

My address is _____
Street City State Zip Code Country

signed on ____ / ____ / ____ in _____ County, _____
Signature Month/Day/Year county name State