

WARNING: Without the advice and help of an attorney, you may be putting yourself, your personal property, and your money at risk. To get a referral to an attorney, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673.

(Print your answers in blue ink)

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

IN THE MATTER OF THE MARRIAGE OF

Petitioner: _____ In the (check one):
 (Print first, middle, and last name of the spouse filing for divorce) District Court County Court at Law of:
 And _____ (Court Number)
 Respondent: _____ County, Texas
 (Print first, middle, and last name of other spouse) (County)

**Affidavit of Indigency
 (Divorce Set 1 - Uncontested, No Minor Children, No Real Property)**

WARNING: Read all of the Instructions for Divorce Set 1 before filling out this form.

The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

"My name is _____ My phone number is: (____) _____

"My mailing address is: _____

"I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

- "I receive these **public benefits/government entitlements** that are based on indigency: SSI WIC
 Food stamps/SNAP TANF Medicaid CHIP Needs-based VA Pension
 County Assistance, County Health Care, or General Assistance (GA) Community Care via DADS
 AABD Public Housing Low-Income Energy Assistance LIS in Medicare ("Extra Help")
 Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
 Other : _____

If you receive any of the above public benefits, you may attach proof to this form and label it "Exhibit: Proof of Public Benefits."

"My income sources are stated below (check all that apply).

- Unemployed since: _____
 Date
-or-
 Wages: I work as a _____ for _____
 Your job title Your employer
 Child/spousal support My spouse's income or income from another member of my household (if available)
 Tips, bonuses Military Housing Worker's Comp Disability Unemployment Social Security
 Retirement/Pension Dividends, interest, royalties 2nd job or other income: _____
 Describe

"My income amounts are stated below.

(A) My monthly take-home wages:	Total amount received →	\$
(B) The amount I receive each month in public benefits is:	Total amount received →	\$
(C) The amount of income from other people in my household: (list this income only if other members contribute to your household income)	Total amount received →	\$
(D) The amount I receive each month from other sources is:	Total amount received →	\$
(E) My TOTAL monthly income	Add all sources of income above →	= \$

About my dependents:

"The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

"My property includes:

	Value*
Cash	\$ _____
Bank accounts, other financial assets (List)	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) (List make and year)	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, etc.) (Describe)	\$ _____
_____	\$ _____
_____	\$ _____

"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: (List)	\$ _____
_____	\$ _____
_____	\$ _____

Total value of property → **=\$**

Total Monthly Expenses → **=\$**

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

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

"I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page.

Do not sign until you are in front of a notary.

_____ Date _____
 Signature of Person Signing Affidavit

Notary fills out below.

State of Texas, County of _____
(Print the name of county where this Affidavit is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: _____ / _____ / 20____ at _____ a.m./p.m.
month day year time (circle one)

by _____
(Print name of person who is signing this Affidavit. NOT the notary's name.)

 Notary's Signature