

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.)

And

Defendant: _____
(Print first and last name of the person being sued.)

In the

(check one):

District Court

County Court / County Court at Law

Justice Court

Court

Number

Texas

County

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

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. 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: _____

3. 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.

4. 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	→ \$ _____

5. 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.

6. 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.

7. 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