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.)

And

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

In the:
(check one):
☐ District Court
☐ County Court at Law No. _____
☐ Justice Court Precinct _____ Place _____

_____ Texas
County

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.

	Name	*Age*	*Relationship to Me*
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: _____

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4. What is your monthly income and income sources?

"I get this monthly income:

$_____in monthly wages. I work as a _____ (*Your job title*) for _____ (*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) *(make and year)*	
	$
	$
	$
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: *(List)*	$
	$
	$
***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*

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